

Exhibit 35

FROM
MICROCYTIC CELLS
TO
MACROCYTIC SALES

REGIONAL TRAINING WORKSHOP

Wyndham Hotel - Greenspoint
12400 Greenspoint Drive
Houston, Texas 77060
713-875-2222
December 1-3, 1992

Plaintiffs' Exhibit
270
01-12257-PBS

ORTHO 01050314
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Participants

Dan Smith
Bob VanArsdall
SharRon Jamison
Lecia Scott

Houston Division Manager
National Accounts Manager
Regional Trainer
Regional Trainer

Houston Division:

Barbara Goodman
Phil Gray
Donna Henderson
Michael Williams

Dallas Division:

Carl Kincaid
Cathy Merrick

Atlanta Division:

Jeanne Bell
Bill Bowden
Holt Robinson
Vern Webb

Florida Division:

O'Neal Montgomery
Craig Phillips

Carolina Division:

Bob Bischoff
David Jones
Merideth McRae

Philadelphia Division:

Jo Ellen Friedman

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REGIONAL TRAINING WORKSHOP

AGENDA

December 1, 1992

12:00 - 1:00	Lunch	
1:00 - 5:00	WIN WIN Negotiations	Baker Communications - Christine Parker

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REGIONAL TRAINING WORKSHOP

AGENDA

December 2, 1992

Managed Health Care

Bob VanArsdall

7:30 - 8:00	Continental Breakfast
8:00 - 8:30	Institutional Managed Health Care Overview
8:30 - 9:45	Purchasing Decision <ul style="list-style-type: none">- The Market- Group Purchasing Organizations (GPO)- Health Maintenance Organizations (HMO)- Home Health Care (HHC)
9:45 - 10:00	Break
10:00 - 12:00	Targeting Accounts <ul style="list-style-type: none">- General Information- Goal Setting- Prime Vendors/ Accounts- Resources
12:00 - 1:00	Lunch
1:00 - 3:00	Getting the Business <ul style="list-style-type: none">- Strategy- Value of Programs- Value Plan- T-Bar and Other Programs
3:00 - 3:15	Break
3:15 - 5:00	Growing the Business <ul style="list-style-type: none">- Relationship Building- Programs- Service- Future Calls

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REGIONAL TRAINING WORKSHOP

AGENDA

December 3, 1992

7:30 - 8:00	Continental Breakfast	
8:00 - 9:00	Reimbursement Workshop - Programs - Sectors - Questions and Answers	Dan Smith
9:00 - 11:00	Dispensing Physicians - History - Physician/Staff - Servicing Accounts - Oncology Suppliers - PACT/Reimbursement Programs - Individualized Presentations - Trends	SharRon Jamison
11:00 - 12:00	Distributor Workshop - Class of Trade - Key Personnel - Return Goods Management - Programs - Skill Building - Objections	Lecia Scott
12:00 - 1:00	Lunch	
1:00 - 2:00	Retail Workshop - Call/Targeting Activity - Medical Reimbursement - Retail Binder - Feature/Benefit Selling - Support Materials - Definitions - Skill Building - Objections	Lecia Scott

December 3, 1992 (continued)

2:30 - 2:45	Break	
2:45 - 3:30	Question and Answer Open Forum	Dan Smith
3:30 - 4:00	Follow-up Training	Dan Smith
4:00	Closing	

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REIMBURSEMENT

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PROCIT® REIMBURSEMENT PROGRAMS

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PROCRT
REINBURSEMENT PROGRAMS

- PROCRTLINE
- FAP- FINANCIAL ASSISTANCE PROGRAM
- CSP- COST SHARING PROGRAM
- REIMBURSEMENT ASSURANCE PROGRAM

PROCITLINE

HOTLINE NUMBER: 800-553-3851
PROVIDES THIRD-PARTY BILLING INFORMATION
AND FACILITATES REINBURSEMENT

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FAP
FINANCIAL ASSISTANCE PROGRAM

HOTLINE NUMBER: 800-447-3437

**THE FINANCIAL ASSISTANCE PROGRAM ASSISTS
PATIENTS HAVING DIFFICULTY PAYING FOR
PROCRIT THERAPY**

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FINANCIAL ASSISTANCE PROGRAM (FAP)

USAGE SUMMARY

- 1991: 235 PATIENTS ON FAP
- JANUARY - JULY 1992: ALREADY 301 PATIENTS ON FAP!
- \$1,987,200 FREE PROCRIT PROVIDED THROUGH FAP
- 833 Application have been received since program inception
 - 69% were approved
 - 31% were denied
- Of the 258 denials:
 - 79% due to insurance coverage
 - 21% due to excess income

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FINANCIAL ASSISTANCE PROGRAM

STRATEGY

This program should be positioned differently with each type of customer to fit their needs. The following are benefits to the different customer groups that should be pointed out in your presentations:

- **Physicians/Nurses**

- Provides free treatment to uninsured patients
- Enables their patients to receive needed treatment regardless of insurance status

- **Hospital Pharmacists**

- Patients admitted to hospital can use free PROCRIT from FAP instead of hospital inventory -> decreases pharmacy and hospital cost
- Public hospitals required to provide treatment to patients regardless of insurance status can have these patients enrolled in FAP -> decreases pharmacy and hospital cost

- **Home Health Care**

- Allows them to accept uninsured patients for treatment as added service to their physicians

- * **Do not use set income criteria in presentations**

FINANCIAL ASSISTANCE PROGRAM

PROCEDURES

- 1) FAP reviews application immediately upon receipt.
- 2) If insured, will pass on to PROCRITline to assist with reimbursement opportunities. If uninsured, less than \$30,000 income and little savings/assets, patient is qualified. (Patients are allowed to own a home.)
- 3) FAP will explore publically funded programs that patient may be eligible for (i.e., State AIDS Drug Assistance Plans, EPIC for elderly in NY). If the program requires form enrollment and fees, the patient may decline to enroll. If so, FAP will supply ongoing free PROCRIT therapy. If they do enroll, FAP will supply free PROCRIT therapy until the other insurance program is in place.
- 4) If uninsured and income is greater than \$30,000, FAP will review the application further. If unusual or insurmountable difficulties are involved, exception may be made and patient may be eligible for free PROCRIT.
- 5) Eligible patients will receive 60 days of therapy shipped to the physician.
- 6) Prior to the end of the 60-day period, FAP will contact the office to determine status of the patient (Is the patient still on PROCRIT? Has the dose changed?)
- 7) If appropriate, FAP will arrange for another 60 day therapy to be shipped to the physician.
- 8) If patient depletes the 60-day supply prior to FAP calling due to dosing changes, the physician should contact FAP to notify them of the dosing change and request additional drug.
- 9) Patient must be re-qualified every 6 months.
- 0) It is important that you do not present a set income level as one of the criteria for eligibility as this may deter physicians from utilizing the program.

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FINANCIAL ASSISTANCE PROGRAM (FAP)

QUESTIONS & ANSWERS

Q. What are the criteria for eligibility?

A. The only strict criteria is that the patient is uninsured and is non-dialysis. As far as income is concerned, there is no strict criteria. \$30,000 is used as a reference point. If patients earn over \$30,000, he/she is not automatically denied. FAP reviews all the circumstances surrounding the case. If there are unusual or insurmountable difficulties involved, exceptions may be made.

For this reason, you should not quote any income criteria when presenting this program. Stating a figure may seem exclusionary and may deter physicians from utilizing this program.

Q. Most hospitals do not allow patients to bring in drug. How can a FAP patient get PROCRIT when he is in the hospital?

A. If a patient is admitted, the physician can arrange to have a supply of PROCRIT shipped to the hospital for the patient. Thus, the patient does not withdraw drug from the hospital pharmacy inventory, resulting in cost savings for the pharmacy. The same arrangement can be made with home health care agencies. If an HHC is administering the drug and the physician wants it shipped to the HHC, he can note that on the application.

Q. What is the process and how long does it take for a decision on the application?

A. FAP applications are reviewed as soon as it is received. If there is an insurer listed, FAP will get PROCRITline involved to try to obtain reimbursement through the insurer. (Note in the FAP Summary that 74% of the denied cases were due to insurance coverage.) If a patient qualifies and there is no insurance listed, FAP will investigate as to whether there are any publicly funded programs available, such as AIDS Drug Assistance Plan (ADAP) in New York, PACE in Pennsylvania, etc. If so, FAP will call the office to inform them and the patient of this availability. If the program requires enrollment fees, the office or patient may declines to apply, in which case FAP will provide free drug for this patient. If the program is free, they are directed to use that program.

The physician receives notification within two weeks of receipt of application. FAP will also notify the appropriate Product Specialist via Voice Mail. Drug is then shipped within a week of decision.

If there is a special need for quicker turn-around, please call Bruce Williams or Jennifer Ng and they can have Pracon expedite the case and have a decision within a week. However, such situations should be exceptions.

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CSP
COST SHARING PROGRAM

HOTLINE NUMBER: 800-441-1366
THE COST SHARING PROGRAM PROTECTS
PAYERS FROM CATASTROPHIC COSTS

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COST SHARING PROGRAM (CSP)
USAGE SUMMARY

- **32 CLAIMS FOR 1991**
- **1991 DISBURSEMENTS: \$40,664**
 - INSURANCE COMPANY - 34%
 - PATIENT - 31%
 - PHARMACIES - 16%
 - HMO - 6%
 - PHYSICIANS - 6 %
 - HOSPITAL - 3%
 - EMPLOYER/SELF INSURED FUND - 3%
- **5 CLAIMS FOR 1992 RECEIVED ALREADY**

* Note: Claims were expected to be low for 1991, the first year of product launch. Programs were not widely known until later in the year resulting in less patients on drug long enough to reach cap. Full utilization in 1992 will not be known until late 1993 since claims can be filed up to 12 months after the year of use.

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COST SHARING PROGRAM

STRATEGY

This program can benefit many different customer groups. When presenting the Cost Sharing Program, be sure to include the following benefits for each group:

- **Physicians/Nurses**
 - Offsets cost to their patients; drug is more affordable --> greater compliance
 - Encourages insurers to reimburse knowing they have a limited liability
 - Physicians eligible for 20% co-pay reimbursement
- **Hospital Pharmacists**
 - Maintaining PROCRIT as the brand allows patient to reach cap --> offsets cost to patient, insurer, and community (taxpayers)
 - Hospitals also eligible for 20% co-pay reimbursement
- **HMOs**
 - Limits their reimbursement liability per patient
- **Retail Pharmacies**
 - Eligible for co-pay reimbursement
 - For patients on limited drug plans, CSP frees up funds for other needed drug therapies
- **Patients**
 - Guaranteed not to pay more than \$8,500 (AWP) per calendar year
 - Eligible for co-pay reimbursement
 - For patients on limited drug plans, CSP frees up funds for other needed drug therapies
- **General Public/Community**
 - Eases burden on public health costs
 - Reimbursement to Medicare/Medicaid and other public insurance programs --> lower cost to taxpayers

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COST SHARING PROGRAM (CSP)
ENHANCEMENTS

- REIMBURSEMENT RATE INCREASED FROM NET COST TO DISTRIBUTOR (NCD) + 10% TO AWP
- CALCULATION RATE FOR CAP INCREASED FROM NCD + 10% TO AWP
- CAP REMAINS \$8,500
- PATIENTS REACH CAP EARLIER!

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NDC VALUES		
U/ml	PRICE/VIAL	PRICE\PKG
2,000	20.00	120.00
3,000	30.00	180.00
4,000	40.00	240.00
10,000	95.00	570.00
		2280.0

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AWP VALUES

U/ml	PRICE/VIAL	PRICE\PKG	PRICE
2,000	24.00	144.00	576.0
3,000	36.00	216.00	864.0
4,000	48.00	288.00	1152.0
10,000	114.00	684.00	2736.0

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	AWP	VIALS	UNITS
10,000	114	74.56	745,600 •746,000
4,000	48	177.08	708,320 •708,000
3,000	36	236.11	708,330 •708,000
2,000	24	354.16	708,320 •708,000

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10000 X3=30,000 746000/30000 =24.8=25WK
9000 X3=27,000 708000/27000 =26.2=26WK
8000 X3=24,000 708000/24000 =29.5=29WK
7000 X3=21,000 708000/21000 =33.7=34WK
6000 X3=18,000 708000/18000 =39.3=39WK
5000 X3=15,000 708000/15000 =47.2=47WK

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COST SHARING PROGRAM

QUESTIONS & ANSWERS

Q. How does the new AWP-based calculations change the cap and how is this calculated?

A. The cap will remain the same -- at \$8,500. The cap amount of \$8,500 and reimbursement rate are both based on AWP. Calculations are included in previous pages for your background information only. You should not get involved in calculations with customers. If they have any questions or need help in determining a patient's status regarding the cap, they should call the CSP 800 #. By getting involved with numbers and calculations, you can lose focus of your objective of presenting the benefits of the program and the importance of using PROCRIT only for nondialysis patients.

Q. What is the best way to have physicians utilize this program?

A. Leave a supply of brochures for the office and instruct them to hand one out to patients as soon as PROCRIT therapy is initiated. The patient will then know about this program and have an 800 # to contact. If patients call to receive the CSP Folder (containing claim forms, "Notice to Claims Processor" orange sticker, magnet, and rolodex card), they can assist us by informing their insurers about this program. This should encourage insurers to reimburse patients, knowing that their liability is capped, and should also influence them to "prefer" PROCRIT over the other brand.

Q. How long does it take to pay a claim?

A. If a claim is received with complete documentation (receipts, billing records, etc.), CSP can pay the claim within 2 weeks. The process is that upon receipt of a claim, they contact all parties involved in a case to confirm quantity used and to ensure that PROCRIT was the brand dispensed.

Q. When should the patient, physician, or other potential beneficiaries call CSP?

A. The office should instruct the patient to call as soon as possible, preferably upon initiation of PROCRIT therapy, so that they can receive all the forms up front. This will let them know what is needed to complete the claims form and ensure that they are tracking their usage. The folder also serves as a place to retain all receipts. All potential beneficiaries are encouraged to call as questions arise. However, claims should not be submitted until after the cap is met. It is preferable to receive all claims at once at the end of the year. However, CSP will process all claims as they are received. For cash flow purposes, it is understandable that claims may be submitted more frequently.

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Q. How can a hospital, pharmacy, physician, or patient benefit from CSP?

A. Insurers often cover only 80% of the cost. The remaining 20% is covered by a secondary insurer, if applicable. Otherwise, the patient, hospital, pharmacy or physician pays the 20%.

The party paying the 20% co-pay is eligible for 20% of the Cost Sharing reimbursement for the amount over the cap.

Example: The expenditures for Patient Anne E. Mia is \$10,500 (based on AWP) in a calendar year. The total eligible reimbursement for Anne is \$2,000. The insurer paid 80% and Dr. Goodheart carried the other 20%. The insurer is due \$1,600, which is 80% of \$2,000. Dr. Goodheart is due \$400, which is 20% of \$2,000.

The Cost Sharing Program Summary (following this section), lists the categories of claimants so far. You can see that the beneficiaries (under "Submitter" column) were 3rd Party Insurers, HMOs, patients, pharmacies, and physicians. The only requirement is that each party eligible for reimbursement must fill out a claim. If both the insurer and patient are eligible for reimbursement, they must both submit a claim. The patient will not automatically receive his 20% just because the insurer submitted a claim.

Q. How can a hospital benefit from this program?

A. A hospital can benefit if they picked up the cost for the co-pay. However, it is generally difficult for a hospital to realize these benefits because they usually can not track a patient's total usage. Unless the patient receives all his PROCRIT from the hospital pharmacy, the only way a hospital would know if a patient reached the cap is if the patient informed the hospital. The hospital would then have to submit a claim to obtain reimbursement. Unfortunately, this is logically difficult so hospitals have not generally been able to benefit as much as other customer types have. However, if they are able to track usage and submit claims, they are certainly eligible.

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REINBURSEMENT ASSURANCE

HOTLINE NUMBER: 800-553-3851

THE REINBURSEMENT ASSURANCE PROGRAM
ENSURES ACCESS TO PROCRIT THERAPY
FOR QUALIFYING NON-DIALYSIS
PATIENTS DENIED REINBURSEMENT

PROGRAM

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REIMBURSEMENT ASSURANCE PROGRAM
USAGE SUMMARY

PRIOR TO REIMBURSEMENT ASSURANCE PROGRAM:

- AVERAGE 270 CALLS PER MONTH TO PROCRITLINE
- AVERAGE 180 CASES PER MONTH

SINCE REIMBURSEMENT ASSURANCE PROGRAM (MAY 1):

- AVERAGE 513 CALLS PER MONTH = 90% INCREASE IN CALLS
- AVERAGE 343 CASES PER MONTH = 91% INCREASE IN CASES

AS OF AUGUST 30, 1992:

- 77 SUCCESSES (OF WHICH 38 WERE MEDICARE SUCCESSES)
- 10 DENIALS (OF WHICH 8 WERE MEDICARE)
- 259 PENDING

* Reimbursement Assurance Program Summary Report can be found at the back of this section.

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REIMBURSEMENT ASSURANCE PROGRAM

STRATEGY

- **USE WITH ALL PURCHASING PHYSICIAN OFFICES AND HOME HEALTH CARE ORGANIZATIONS:**
 - Customer can start patients based on medical need and not reimbursement status
 - Customer is assured to recoup any losses through replacement product
 - Customer gains comfort in obtaining reimbursement through our assistance
- **USE WITH CUSTOMERS FOR ON-LABEL INDICATIONS:**
 - Customer gains comfort in using PROCRIT through successful experience with reimbursement
 - Customer gains awareness of and experience with Ortho Biotech reimbursement services
- **PROCRIT IS THE ONLY PRODUCT TO PROVIDE SUCH GUARANTEES FOR NON-DIALYSIS USE**

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REIMBURSEMENT ASSURANCE PROGRAM

PROCEDURES

- 1) Customer calls for application. Reimbursement Assurance Program representatives offers to send application and informs them of the Medicare process and the potential time requirements. Application is sent with a letter restating Medicare time requirements.
- 2) Reimbursement Assurance Program representatives reviews application immediately upon receipt of written or verbal enrollment.
- 3) PROCRITline assists customer with initial claims and contact insurers if required.
- 4) 45 days after enrollment, program representative calls the customer to determine status of claims.
- 5) If denied, PROCRITline will assist with the appeals process.
- 6) 45 days later, representative contacts customer to determine status of appeals.
- 7) If appeal is denied, customer is instructed to submit proper forms and documentation for replacement drug.
- 8) Upon receipt of required documentation, letter is sent within 7 days notifying the customer that replacement drug will be shipped within 2 weeks.

* will NOT replace drug until they've gotten 2nd denial *

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REIMBURSEMENT ASSURANCE PROGRAM

QUESTIONS & ANSWERS

Q. To offer a truly risk-free guarantee program, can we provide free PROCRIT up front or on consignment so that physician offices can start the reimbursement process without having to pay for drug?

A. As you may know, Medicare does not prior approve therapies. Instead, they require that the drug be purchased and the service rendered in order for a claim for reimbursement be filed. We understand that customers would be more willing to start PROCRIT therapy if they were given the drug free up front. However, it would be legally risky for us to do this.

Obtaining free drug and then submitting claims would be asking for reimbursement for something they never paid for. This would be committing insurance fraud. If we provided the free drug and assisted with the claims, we would be accomplices in this illegal activity. Therefore, we will not be offering such a program.

Q. Medicare often takes a long time to decide a case. Physicians end up extending many thousands of dollars before the Reimbursement Assurance Program replace drug. Why can't we replace drug after the first denial for Medicare cases?

A. The reason we do not offer such a service is because approximately 65% of the claims are approved upon appeal. Often, the initial claim denial is due to a clerical error or misunderstanding. Upon appeal, it can be resolved successfully. If we were to replace drug upon first denial without requiring an appeals process, we would be needlessly replacing drug for approximately 65% of cases that would have received approval upon appeal.

IMPORTANT: This program may not be appropriate for all physician. You need to select the appropriate targets to offer this program. Physicians with many PROCRIT candidates would be a good target because if a patient is denied reimbursement and we provide replacement PROCRIT, the physician could use it on another patient who is reimbursable and recoup his/her costs.

Physicians with many candidates may also be receiving reimbursement for other patients which would help the cash flow.

Physicians with only Medicare candidates may not be good targets. Since it may take anywhere from 2 to 5 months for Medicare to complete the required process, some offices may not be able to bear the expense for the time period. Therefore, you need to let them know the potential time requirement up front. If they understand the time and financial outlay required, they can make the decision that is right for their practice.

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Q. Can we reimburse with cash instead of product?

A. If we were to reimburse with cash, this program would be extremely costly to manage and we would not be able to offer this on a wide scale. You would be limited to the number of accounts you can offer it to and they would be limited to the number of patients they can enroll. Therefore, the decision was made to reimburse with product.

Q. Can we extend this program to hospitals?

A. This is a very common request. We are exploring this possibility by field testing this program in various institutions. At this time, we do not have all the answers to how this program would be implemented in institutions. As you know, institutional physicians and pharmacists generally do not get involved with reimbursement. They will not know who is reimbursed and who is not. If the physician and/or pharmacist likes the program, they will ask you to speak to reimbursement people. You may then have to track down various Social Workers in all the outpatient clinics and also work the administration office or other billing areas to implement this program. Until we have some more definitive answers, we will only extend it on a pilot basis. If you have a hospital in which you feel you would like to test this program, call Jennifer Ng or Bruce Williams to discuss this possibility.

Q. How can I position this program with Home Health Care Organizations?

A. Certain Home Health Care (HHC) agencies may not find great value in this program initially since many of them have their own professional reimbursement staff. In addition, while they may occasionally accept high reimbursement risk patients as a favor to the physician, they generally do not accept such patients. However, if positioned as a safety net, just in case they are denied reimbursement, they would find value in being assured that they can recoup costs through replacement drug.

Another strategy is to position this program as a service they can in turn extend to physicians. By being assured of replacement product, a Home Health Care agency can now accept a patient without going through a reimbursement check prior. This will result in the patient receiving treatment when needed and not having to wait for an insurer's approval.

Please note that Medicare does not reimburse for PROCRIT administered by home health care agencies. PROCRIT must be procured and administered by the physician.

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ORTHO BIOTECH

VALUE ADDED PROGRAMS/REIMBURSEMENT SUPPORT

RAP	CSP	ProcritLine	FAP
1-800-553-3851	1-800-441-1366	1-800-553-3851	1-800-447-3437

1) All patients receiving PROCRIT in Dr.'s office, not hospital, not hospital outpatient clinic. Home Health Care Agencies can participate.

2) Medicare patients can enroll.

3) After appeals process, doctor will receive replacement product rounded to 6.

4) All indications can enroll.

5) Call ProcritLine prior to the initiation of therapy to register patients.

1) All indications can participate.

2) Medicare, Medicaid, insurance patients can participate.

3) Offices, hospitals, clinics, patients can participate & enroll.

4) Usage must exceed 813,000 units in a calendar year. (Jan. to Jan.)

5) Drug must be logged with lot number listed. * Give office Red CSP folders. CSP is based on AWP (average wholesale prices).

1) All indications can participate.

2) Medicare, Medicaid, insurance patients can access.

3) Offices, hospitals, clinics, patients can access.

4) Can provide 3rd party billing info. & facilitate reimbursement.

5) Can help with coding.

6) Can't give dialysis reimbursement info.

1) Indigent patients only not Medicaid patients

2) PROCRT can be Fed. Ext'd to physicians, hospitals, etc., if needed.

3) Use as a last resort.

4) Emphasize the need for future business.

Notes:

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PARTICIPATION

CUSTOMER GROUPS	PROCIT LINE	FAP	CSP	RAP
PHYSICIAN\NURSE				
HOSPITAL				
HOME HEALTH CARE				
INSURANCE COMPANY				
PHARMACIES				
PATIENT				
HMO				
GEN.PUBLIC/COMMUNITY				
MEDICARE				
MEDICAID				
SELF INSURED EMPLOYEES & UNIONS				

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DISPENSING
PHYSICIANS

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PROCIT PHYSICIAN SUPPLIERS

PRN ONCOLOGY WHOLESALERS - MICHIGAN
1-800-543-2776

ONCOLOGY SUPPLY- 1-800-633-7555

CHARISE CHARLES -FLORIDA
1-800-942-6999 OR 407-869-7001
FAX: 407-869-5757

FLORIDA INFUSION - 1-800-624-0152

HSR PROFESSIONAL PHARMACY - 203-327-4479
FAX: 203-975-0427

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REIMBURSEMENT ASSURANCE PROGRAM

To help remove reimbursement barriers to PROCRIT therapy, Ortho Biotech has designed the Reimbursement Assurance Program. ORTHO BIOTECH will provide PROCRIT Therapy **FREE** of charge to any qualifying patient who cannot obtain reimbursement through third-party payers. This is the only program of its kind for Epoetin alfa therapy. Patients may be enrolled in the Reimbursement Assurance Program until September 1992.

Patient Eligibility

All nondialysis patients receiving PROCRIT therapy dispensed in their physician's office who are unable to obtain reimbursement will benefit from the Reimbursement Assurance Program.

PROCRIT *

PRICE TO PHYSICIANS / RETAIL PHARMACIES AFTER MONEY BACK DIRECT FROM ORTHO.

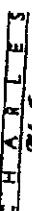
PROCRIT	YOUR INVOICED COST	ORTHO MONEY BACK PER VIAL	①	\$84.40
10,000u/vial	\$92.00	\$7.60		\$35.60
4,000u/vial	\$38.80	\$3.20		\$26.70
3,000u/vial	\$29.10	\$2.40		\$17.70
2,000u/vial	\$19.40	\$1.60		

SORRY! NO SHORT DATED SPECIAL PRICED PRODUCT WITH THIS PROMOTION.

① For rebate requests, send a copy of your
Ortho Biotech Charles Ltd. Inc. invoice to:
Ortho Biotech Sales Department
Route 202 South
Rahran, New Jersey 08569



• Registered trademark of Ortho Biotech Manufactured by Amgen.

ALL Shipments are sent Freight PREPAID!
Charles 
S H A R P E S

FREE SYRINGES 

With EACH VIAL purchased receive a 'NO DEAD SPACE' 1/2 or 1 CC syringe
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A

MEDICARE REIMBURSEMENT
STATE OF FLORIDA

Product/Size	Code	Medicare Allowance	Medicare Pays 80%	Physician Cost	Rebate	Net = Cost - Rebate	Net	Clear
Procrit 2000u	Q99**	\$ 24.00	\$19.20	\$20.00	\$1.60	\$18.40	\$.80	
Procrit 3000u	Q99**	\$ 36.00	\$28.80	\$30.00	\$2.40	\$27.60	\$1.20	
Procrit 4000u	Q99**	\$ 48.00	\$38.40	\$40.00	\$3.20	\$36.20	\$2.20	
Procrit 10000u	Q99**	\$120.00	\$96.00	\$95.00	\$7.60	\$87.40	\$8.60	
Injection	90782	\$ 3.22			\$ 2.58			

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SAVINGS WITH PROCRIT*
ONLY FROM ORTHO BIOTECH

<u>STRENGTH</u>	<u>REG. COST</u>	<u>LESS 8%</u>	<u>LESS 3%*</u>	<u>FINAL COST</u>	<u>EOPOGEN</u>
2,000	\$20.00	\$18.40	\$17.70	\$17.70	\$20.00
3,000	\$30.00	\$27.60	\$26.70	\$26.70	\$30.00
4,000	\$40.00	\$36.80	\$35.60	\$35.60	\$40.00
10,000	\$95.00** (5% less than other brand)	\$87.40	\$84.40	\$84.40	\$100.00

* Save an additional 3% when purchasing from oncology suppliers
 **Save a total of 16% on Procrit* 10,000 vs. Epoegen* 10,000

VALUE ADDED SERVICES:

RAP (Reimbursement Assurance Program) CSP (Cost Sharing Program)
 FAP (Financial Assistance Program) PROCRITLINE (Reimbursement Assistance)

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**GUIDELINES FOR THE USE OF ERYTHROPOIETIN (PROCRIT™, Ortho Biotech)
IN AIDS PATIENTS**

Indication: AZT Induced Anemia

Patient Characteristics

- the patient and physician should be committed to an aggressive course of therapy
- patients should have a sustained symptomatic anemia with repeated HCT determinations of $\leq 30\%$ and/or a significant transfusion requirement necessary to maintain a satisfactory HCT
- patients must have a documented native serum erythropoietin level of ≤ 500 mU/ml
- patients must be receiving ≤ 4200 mg/week of AZT
- patients must have adequate iron stores: transferrin saturation $\geq 20\%$ and ferritin ≥ 100 ng/ml
- it is highly recommended that a bone marrow examination be performed before initiating erythropoietin and that disease affecting the bone marrow be addressed (opportunistic infections and neoplasms)

Dosing, Administration, and Response

- initial dose: 100 U/kg SC or IV three times weekly (TIW) for at least 8 weeks
- HCT determinations should be performed at 4 and 8 weeks
- if response is not satisfactory (in terms of decreasing transfusion requirement or increasing HCT) then the dose can be increased in increments of 50-100 U/kg TIW up to a maximum of 300 U/kg TIW
- maintenance: dose should be titrated up or down to maintain desired HCT taking into account AZT adjustments and intercurrent infections
- erythropoietin should be discontinued if the HCT goes above 40% and restarted at a 25-50% dose reduction when the HCT falls below 36%

Cost and Reimbursement

- average cost per patient-year = \$12,000 to \$13,000
- compare to annual transfusion costs (15 units) = \$5800 - \$8400
- financial assistance offered by the manufacturer (Ortho Biotech):

1. Financial Assistance Program: free drug will be provided to all patients meeting criteria
 - a. patient must meet medical criteria
 - b. patient must lack third party reimbursement and/or financial resources
 - c. HotLine 1-800-447-3437
2. Ortho Biotech will provide free drug in all cases after an annual cost of \$8500 has been incurred
3. Ortho Biotech is presently paying for all serum erythropoietin levels at PCMH

\$ \$ \$ \$ \$

PROCRIT REBATE MONEY

	2,000 u		3,000 u	
1	six pack = 9.60		1	six pack = 14.40
2	six packs= 19.20		2	six packs= 28.80
3	six packs= 28.80		3	six packs= 43.20
4	six packs= 38.40		4	six packs= 57.20
5	six packs= 48.00		5	six packs= 72.00

	4,000 u		10,000 u	
1	six pack = 19.20		1	six pack = 45.60
2	six packs= 38.40		2	six packs= 91.20
3	six packs= 57.60		3	six packs=136.80
4	six packs= 76.80		4	six packs=182.40
5	six packs= 96.00		5	six packs=225.00

Amount of refund with Epogen = \$ 0.00 (No Rebate Program)

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Charise
CHARLES
Ph. Jm.

Charise
CHARLES
Ph. Jm.

The Charise Charles GREAT REBATE
A Successful program that just got better!

The GREAT REBATE program pays you to buy certain widely used and competitively priced products from us. Our rebate is based on the quantity of these products that you purchase and not the invoice price. We do not reduce the amount of your rebate when you participate in one of our many special price promotions.

Enrollment in the GREAT REBATE program begins upon your approval of the paperwork and the receipt of this form by Charise Charles Ltd Inc. The program lasts twelve months from the date you enroll and rebates will be issued at the end of this period. Accounts must be in good standing (not delinquent) in order to receive a rebate from Charise Charles Ltd., Inc.

Everyone participating in the program will periodically receive a computer printout of the total rebate dollars earned up to that point in the program. We have designed the GREAT REBATE to be of benefit to both individual accounts and group accounts under common management or ownership.

Here is an example of how the program can work for you:

IN A 12 MONTH PERIOD YOU PURCHASE:		YOUR REBATE WOULD BE:	
624 vials Procrit® 2,000u			\$ 100.00
540 vials Procrit® 3,000u			150.00
510 vials Neupogen® 1ml			100.00
260 vials Neupogen® 1.6ml			75.00
YOUR TOTAL GREAT REBATE AMOUNT			\$ 425.00

NUMBER OF VIALS PURCHASED IN A 12 MONTH PERIOD	PROCIT 2,000u	PROCIT 3,000u	PROCIT 4,000u	PROCIT 10,000u	NEUPOGEN 1ml	NEUPOGEN 1.6ml
	REBATE AMOUNT	REBATE AMOUNT	REBATE AMOUNT	REBATE AMOUNT	REBATE AMOUNT	REBATE AMOUNT
500 - 749	100.00	150.00	200.00	500.00	100.00	150.00
750 - 999						
1000 - 1249	200.00	300.00	400.00	1000.00	200.00	300.00
1250 - 1499						
1500 - 1749	305.00	457.50	610.00	1525.00	305.00	457.50
1750 - 1999						
2000 - 2249	410.00	615.00	820.00	2050.00	410.00	615.00
2250 - 2499						
2500 - 2749	520.00	780.00	1040.00	2600.00	520.00	780.00
2750 - 2999						
3000 - 3249	630.00	945.00	1260.00	3150.00	630.00	945.00
3250 - 3499						
3500 - 3749	745.00	1117.50	1490.00	3725.00	745.00	1117.50
3750 - 3999						
4000 - 4249	860.00	1230.00	1720.00	4300.00	860.00	1230.00
4250 - 4499						
4500 - 4749	980.00	1470.00	1960.00	4900.00	980.00	1470.00
4750 - 5000						

Please contact your Charise Charles customer service representative for information regarding rebate amounts on purchases of 5000 vials or more.

Procrit® (a registered trademark of Ortho-Biotec manufactured by Amgen)
Neupogen® (O-CSF) is a registered trademark of Amgen.

Approved by: _____ Date: _____ Account Name: _____

Printed Name: _____ Address: _____

Title: _____ City & State: _____

Retain original and return a copy to Charise Charles Ltd., Inc.

285 West Central Parkway Suite 1704 Altamonte Springs, Florida 32714-2554
407-869-7001 1-800-942-5999 FAX 407-8698757

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RETAIL

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III. RETAIL PHARMACY ACTION PLAN

- A. Use DDD to target key retail pharmacies**
- B. Target pharmacies that purchased PROCRIT previously.**
- C. Target pharmacies that committed to convert to PROCRIT**
- D. Target Epogen non dialysis pharmacies**
- E. Maximize coverage of key retail pharmacies.**
 - 2 x's - 10 weeks
 - 1.5 Rx call average
- F. Know the Medicaid Reimbursement Rate**

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RETAIL WORKSHOP

A. CALL ACTIVITIES

B. TARGETING ACTIVITIES

— Market Research/from
Physicians & Staff

— Epogen List/Wholesale

— Prospecting

Yellow Pages

— Goldline List

— DDD

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C. **MEDICAID REIMBURSEMENT**

- Reimbursement Exercise

- Reimbursement Rate in your
Territory

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PHARMACY WORKSHEET

		Per Vial	Per Six Pack
AWP PRICES			
	2,000 u	= 24.00	144.00
	3,000 u	= 36.00	216.00
	4,000 u	= 48.00	288.00
	10,000 u	=114.00	684.00

Enter the MEDICAID reimbursement for your state:

State _____ Amount _____

Scenario: Don at Midtown Pharmacy is stocking Epojen for HIV patients. He is convinced that he doesn't make any money by stocking the product for anyone except private insurance patients. He is currently stocking two (2) packs of the 10,000 u.

How can you convince Don to stock PROCRIT for his MEDICAID patients?

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TENNESSEE MEDICAID

PRIOR APPROVAL-----NO

INDICATIONS COVERED-----ALL DIAGNOSES

REIMBURSEMENT SCHEDULE----AWP LESS 8%

FEE TO PHARMACY-----\$3.91

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SOUTH CAROLINA MEDICAID

PRIOR APPROVAL-----Pharmacy services requires special prior authorization--not to limit use--but to see if home administration is appropriate.

INDICATIONS COVERED-----Patient brings letter from MD to pharmacy, or MD phones in. Will not pay for administration, but will pay for office visit.
ALL INDICATIONS COVERED.

REIMBURSEMENT SCHEDULE-----AWP LESS 9.5%

FEE TO PHARMACY-----\$4.05

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NORTH CAROLINA MEDICAID

PRIOR APPROVAL-----NO

INDICATIONS COVERED-----ALL DIAPOSES

*****ONLY 6 RX'S PER MONTH*****

REIMBURSEMENT SCHEDULE---AWP LESS 10%

FEE TO PHARMACY-----\$5.60

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GEORGIA MEDICAID

PRIOR APPROVAL-----YES

INDICATIONS COVERED-----ONLY APPROVED INDICATIONS

REIMBURSEMENT SCHEDULE----AWP LESS 10%

FEE TO PHARMACY-----\$4.41

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MISSISSIPPI MEDICAID

PRIOR APPROVAL-----YES

INDICATIONS COVERED-----FDA INDICATIONS ONLY, BUT WORTH TRY.

REIMBURSEMENT SCHEDULE----AWP LESS 10%

FEE TO PHARMACY-----\$5.16

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FLORIDA MEDICAID

PRIOR APPROVAL-----NO

INDICATIONS COVERED-----ALL DIAGNOSES

REIMBURSEMENT SCHEDULE----WHOLESALE ACQUISITION COST PLUS 7%
FEE TO PHARMACY-----\$4.23

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ALABAMA MEDICAID

PRIOR APPROVAL-----NO

INDICATIONS COVERED-----ALL DIAGNOSES

REIMBURSEMENT SCHEDULE----NOT AVAILABLE

FEE TO PHARMACY-----NOT AVAILABLE

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D. RETAIL BINDER

- Order Entry Numbers

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RETAIL PHARMACY

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STORE HOURS _____

PHARMACISTS _____

BUYER _____

WHOLESALERS _____

SPECIAL ORDER INFORMATION _____

CALL DATA

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\$ \$ \$ \$ \$

PROCRIT REBATE MONEY

	2,000 u		3,000 u	
1	six pack = 9.60		1	six pack = 14.40
2	six packs= 19.20		2	six packs= 28.80
3	six packs= 28.80		3	six packs= 43.20
4	six packs= 38.40		4	six packs= 57.20
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	4,000 u		10,000 u	
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4	six packs= 76.80		4	six packs=182.40
5	six packs= 96.00		5	six packs=225.00

Amount of refund with Epogen = \$ 0.00 (No Rebate Program)

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E. BENEFITS OF PROCRIT

- Sell Benefit of 6's vs. 10's
- Profitability of 8% Retail Rebate
- Sell Reduced Pricing on Procrit 10,000

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F. SUPPORT MATERIALS

- Cost Sharing**

- Procritline**

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G. DEFINITIONS

— NCD

— AWP

— Upcharge

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H. ROLE PLAY

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I. COMMON OBJECTIONS

- Substitution laws**
- Reimbursement Processing**

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WHOLESALE

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V. WHOLESALER ACTION PLAN

- A. Meet with distributors as soon as possible to discuss the new PROCRIT Retail Rebate Program.**
- B. Review the PROCRIT Performance Rebate**
- C. Distributors should target and convert Epojen non-dialysis pharmacies.**
- D. Obtain the Epojen non-dialysis pharmacy list to use for targeting purposes.**

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WHOLESALE WORKSHOP

A. CLASS OF TRADE

- Definitions

11.

12.

16.

21.

26.

44.

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B. KEY PERSONNEL

- HOUSE MANAGER

- SALES MANAGER

* Sales Meetings

* Promotions

- INVENTORY CONTROL MANAGER

* Inventory levels

* Epojen Lists

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B. KEY PERSONNEL Con't.

— BIDS AND CONTRACTS MANAGER

— INSTITUTIONAL ACCOUNTS
MANAGER

* Promotion

— WAREHOUSE MANAGER

* Dating

* Rotating of Merchandise

— TELEPHONE PERSONNEL

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C. RETURN GOODS MANAGEMENT

-- POLICY

-- AUTHORIZATION

**-- PRODUCT SPECIALIST
CONTROLS RETURNS**

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ORTHO BIOTECH RETURNED GOODS POLICY

ORTHO BIOTECH returned goods policy is consistent with our business practice to provide quality products to our customers. Product that does not meet quality requirements may be returned for credit or product replacement. Retail drug stores and institutional pharmacies should return goods to the wholesale distributor from which the product was purchased. Products should not be returned directly to ORTHO BIOTECH unless they were purchased directly from ORTHO BIOTECH.

Because ORTHO BIOTECH products are biotechnology derived products and subject to regulations applied to Biologic Materials, product returned to ORTHO BIOTECH must be destroyed. To avoid waste of these valuable therapeutics, please review the conditions under which returns to ORTHO BIOTECH will be authorized for credit or replacement. Also read the easy procedure for shipping a return. Your ORTHO BIOTECH Product Specialist will assist you if you have any questions about how to obtain authorization for a return.

AUTHORIZED RETURNS

ORTHO BIOTECH accepts full responsibility for shipping orders to our customers in the correct quantities and in good saleable condition. If an ORTHO BIOTECH customer notifies us that we have not carried out this responsibility, we will authorize return of the affected product, and promptly issue replacement product or credit. Authorized returns include:

- Product damaged in shipment
- Product lost in shipment and delivered after shipping conditions have exceeded the limits set by ORTHO BIOTECH.
- Product that exceeds the expiration date specified on the product labeling. Product is usable through the end of the month indicated in the expiration date, EXAMPLE- Product marked 11/91 is usable until 11/31/91.
- Product (Orthoclone OKT®3 only) that is within expiration date by one year. EXAMPLE - Product marked expiration 1/91 is returnable up and until 1/31/92.
- Product that have been discontinued.
- Shipping errors caused by ORTHO BIOTECH or our assigned carrier.
- Product returned to ORTHO BIOTECH for quality assurance testing as a result of a product inquiry or complaint filed with ORTHO BIOTECH Medical Services and Support Department.
- Product recalled or otherwise removed from inventory by ORTHO BIOTECH.
- Product that our carrier cannot deliver.
- Overstocking resulting from ORTHO BIOTECH promotion of sales representative error.

D. PROMOTIONAL PROGRAM
(4th Qtr)

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E. ROLE PLAY

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F.

COMMON OBJECTIONS

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QUESTION & ANSWERS

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**FOLLOW-UP
TRAINING**

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FOLLOW-UP TRAINING PROGRAM

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THE PLAN

ENVIRONMENT
STRATEGY
SYSTEMS
IMPLEMENTATION
RESULTS

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SOUTHERN REGION

STANDARDIZED FIELD TRAINING

ENVIRONMENT

At this meeting we discussed the current environment in the Southern Region, developed our strategy, developed our systems, discussed implementation and outlined desired results. Outlined below is a current environment in the Southern Region:

- ◆ Complex Technical Information
- ◆ Low Tenure Product Specialist
- ◆ Diversified Customer Base (doctors, pharmacies, home health care, hospitals, wholesalers, physician supply)
- ◆ Variety of Sales and Marketing Programs
 - M.A.P.P.
 - Reimbursement Programs
 - Distribution Programs
 - Managed Health Care Programs
- ◆ Uncertain Territories due to Territory Realignment
- ◆ No Standardized Field Training in the Southern Region
- ◆ Too Many Priorities
- ◆ Heavy Work Load

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- ◆ Questionable Support System for New Hires
- ◆ Confusion Over Ortho Biotech Culture/Environment
- ◆ Pressure to Make Your Numbers
- ◆ Regional Training Specialists are not Integrated into Field Training Process
- ◆ Pending New Product Launch
- ◆ No Mentors
- ◆ Product Knowledge Received without Adequate Direction

STRATEGY

The following strategy was developed:

Accelerate training of Product Specialist in the Southern Region to accelerate impact of PROCRIT® sales and provide a supportive environment for learning and development.

SYSTEMS

The following systems were outlined to ensure standardization and implementation:

- A standardized Initial Training and Follow-up Training Program was outlined.
- A flexible follow-up training program was designed with key objectives in key areas.
- Correspondence/follow-up standards were established
 - Follow-up correspondence will be sent to Product Specialists, Division Manager, and Regional Manager.
 - Feedback will be given to Regional Training Specialists for development.
 - Feedback will be given to the training department.
- Regional Training Specialists and Division Managers will monitor the training program.

IMPLEMENTATION

Listed below are the implementation steps to standardize training within the Southern Region:

- A standardized training program will be presented to Southern Region Division Managers and Field Sales Manager.
- A two day Regional Training Session will be conducted in the 4th Quarter of 1992.
- Follow-up training will be initiated in the 4th Quarter of 1992.
- Pre-initial training will be implemented now.

RESULTS

The desired results for this program are listed below:

- Standardized training within the Southern Region.
- Better support systems for new Product Specialists.
- Accelerated learning and development.
- Accelerated utilization and development of Regional Training Specialists.
- Improve PROCRIT sales.

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SOUTHERN REGION
PROPOSED INITIAL TRAINING SCHEDULE

WEEK 1

- DAY: 01 - DM Orientation
- DAY: 02 - Home Study - Training Orientation
- DAY: 03 - Home Study - CRF
- DAY: 04 - Home Study - CRF/Review CRF Package Insert
- DAY: 05 - Home Study - Hematology

WEEK 2

- DAY: 01 - CRF Assessment & Review (Trainer's Territory)
- DAY: 02 - Field Day (Trainer's Territory) Focus on Retail/Nephrology
- DAY: 03 - Home Study - HIV
- DAY: 04 - Home Study - HIV
- DAY: 05 - Home Study - HIV

WEEK 3

- DAY: 01 - HIV Assessment & Review Direction (Trainer's Territory)
- DAY: 02 - Field Day (Trainer's Territory) Focus on HHCA/HIV Physicians
- DAY: 03 - Home Study - Oncology
- DAY: 04 - Home Study - Oncology
- DAY: 05 - Home Study - Oncology

WEEK 4

- DAY: 01 - Home Study - Oncology
- DAY: 02 - Home Study - Managed Health Care/Reimbursement/Marketing Info
- DAY: 03 - Home Study - General Review
- DAY: 04 - Overall Review with Trainer in Trainer's Territory
- DAY: 05 - Oncology Assessment & Review with Trainer/Personal

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SOUTHERN REGION
PROPOSED INITIAL TRAINING SCHEDULE

WEEK 5

- DAY: 01 - Initial School - Part I - Raritan, NJ
- DAY: 02 - Initial School - Part I - Raritan, NJ
- DAY: 03 - Initial School - Part I - Raritan, NJ
- DAY: 04 - Initial School - Part I - Raritan, NJ
- DAY: 05 - Initial School - Part I - Raritan, NJ

WEEK 6

- DAY: 01 - Initial School - Part I - Raritan, NJ
- DAY: 02 - Initial School - Part I - Raritan, NJ
- DAY: 03 - Initial School - Part I - Raritan, NJ
- DAY: 04 - Initial School - Part I - Raritan, NJ
- DAY: 05 - Initial School - Part I - Raritan, NJ

WEEK 7

- DAY: 01 - Organization/Administration/Personal
- DAY: 02 - Home Study - Leustatin Portfolio
- DAY: 03 - Home Study - Leustatin Portfolio
- DAY: 04 - Home Study - Leustatin Portfolio
- DAY: 05 - Home Study - Review Trade Programs, Managed Health Care, Reimbursement Programs, Value Added Program

WEEK 8

- DAY: 01 - Assessment & Review of Leustatin, Review Sales & Marketing Programs, Skill Building, Role Playing (Trainer's Territory)
- DAY: 02 - Field Day in RTS Territory (Trainer make calls on Hospital/Retail)
- DAY: 03 - Field Day in RTS Territory (Trainer make calls on Hem/Onc, HIV, Hospital)
- DAY: 04 - Home Study - Review
- DAY: 05 - Home Study - Review

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SOUTHERN REGION
PROPOSED INITIAL TRAINING SCHEDULE

WEEK 9

- DAY: 01 - Initial School - Part II - Raritan, NJ
- DAY: 02 - Initial School - Part II - Raritan, NJ
- DAY: 03 - Initial School - Part II - Raritan, NJ
- DAY: 04 - Initial School - Part II - Raritan, NJ
- DAY: 05 - Initial School - Part II - Raritan, NJ

WEEK 10

- DAY: 01 - Initial School - Part II - Raritan, NJ
- DAY: 02 - Initial School - Part II - Raritan, NJ
- DAY: 03 - Initial School - Part II - Raritan, NJ
- DAY: 04 - Initial School - Part II - Raritan, NJ
- DAY: 05 - Initial School - Part II - Raritan, NJ

WEEK 11

- DAY: 01 - Organization/Administration/Personal
- DAY: 02 - Admin. Day (Trainer in Trainee Home) Files, Route List, Top 40
- DAY: 03 - Field Day in Trainee's Territory (Hosp., HHCA, Dr. CRF,HIV,H/O)
- DAY: 04 - Field Day in Trainee's Territory (Wholesaler, Physician Supply)
- DAY: 05 - Field Day in Trainee's Territory (Retail) Reimbursement Programs, Value Added Program

WEEK 12

- DAY: 01 - Administration/Schedule Appointments
- DAY: 02 - Field Day - Alone
- DAY: 03 - Field Day - Alone
- DAY: 04 - Field Day - Alone
- DAY: 05 - Field Day - Alone

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SOUTHERN REGION
PROPOSED INITIAL TRAINING SCHEDULE

WEEK 13

DAY: 01	-	Field Day with Division Manager
DAY: 02	-	Field Day with Division Manager
DAY: 03	-	DM Sets up Follow Up Program with RTS & Product Specialist input
DAY: 04	-	
DAY: 05	-	

WEEK 14

DAY: 01	-
DAY: 02	-
DAY: 03	-
DAY: 04	-
DAY: 05	-

WEEK 15

DAY: 01	-
DAY: 02	-
DAY: 03	-
DAY: 04	-
DAY: 05	-

WEEK 16

DAY: 01	-
DAY: 02	-
DAY: 03	-
DAY: 04	-
DAY: 05	-

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FOLLOW UP TRAINING

PHYSICIAN EFFECTIVENESS
HOSPITAL EFFECTIVENESS
RETAIL EFFECTIVENESS
HHCA EFFECTIVENESS
DISTRIBUTOR EFFECTIVENESS
ADMINISTRATION
TERRITORY ANALYSIS
SPEAKERS/GRANTS
OASIS ORIENTATION
ACE/MANAGING DIVERSITY
CLERKSHIPS

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PHYSICIAN TRAINING OBJECTIVES

A) Call Activity/Coverage

- Requirements for RN call activity
- Top 40 Physicians
 - Who?
 - How to track?
 - Classification
 - Call goal discussion

B) Physician Strategies

- Dispensing Physician Strategies
- Non-Dispensing Physician Strategies
- The Oncology Call - What can we say?
- Conversion vs. Expansion Strategies

C) Personnel - The complete call

D) Reimbursement Issues/Programs

- Background information (3rd Party Medicaid, Medicare)
- Understanding and implementation of Cost Sharing Program, Reimbursement Assurance Program, Financial Assistance Program, ProcritLine
- How does Medicaid and Medicare work?
- HRSA/HIV Medication program

E) Special Programs

- Patient Trial Program
- Physician Rebate - 8%
- EPO Testing
- MSS
- Grants/Speakers
- Service items - (pens, pads, starter kits, sharps containers)

F) Presentations

- Total call concept
- MAPP/EST
- In-Services
 - a) Discuss expense norms
 - b) Is this a good business decision to conduct an in-service?
 - c) Business objectives
 - rapport
 - reaching inaccessible physicians
 - d) Presentation types
 - HIV
 - CRF
 - EPO - Overview
 - Reimbursement Programs
 - Amgen/Ortho Biotech relationship
 - e) Customers
 - Reached through in-services
 - physicians
 - nurses
 - hospital personnel
 - home health care agencies
 - support groups
 - ancillary groups
 - f) Presentation skills
 - Platform skills
 - Pre-Planning
 - Equipment needed
 - Objection handling
 - Consensus closing
 - Length of presentation
 - Handling objections
 - Closing - Discuss closing strategies for both, the dispensing and non-dispensing physician.

G) Market Research Information

- Pharmacies utilized?
- Home Health Care Agency utilized?
- HMO affiliation?
- Infusion Center affiliation?
- Hospital affiliation?
- Protocol for treating anemia
- Use of Erythropoietin
- Use of PROCRIT
- Physician Supplier utilized

HOSPITAL TRAINING OBJECTIVES

Knowledge of the following areas:

A) Personnel

- National Account Manager
- Key Account Specialist
- Regional Training Specialist
- Division Manager

B) Protocols/Procedures

C) Validate Profile Information - This should include the following:

- Purchasing Director
- GPO affiliation
- Prime vendor contract
- Secondary vendor
- Non-dialysis vs. dialysis business and potential
- Total dollar potential
- Materials management personnel
- Amgen contract terms
- Other pertinent information that would be vital in converting this account.

D) Total Call Concept - The people to be seen would be:

- Director of pharmacy
- Assistant director of pharmacy
- Clinical pharmacist
- Social worker and case manager
- Blood bank
- Labs
- People doing serum EPO tests
- Education/training department
- Drug information
- Finance department
- P&T members
- Buyer
- Administration personnel
- Out-patient pharmacy manager
- Home health care manager
- Grant and speaker key personnel.

- E) Top 5 Hospitals
 - Parameters for inclusion
 - Objectives
- F) Call Activity/Coverage
 - Standards and goals
- G) Presentations
 - Value Plan
 - T-Bar
 - In-services
 - Value Added Programs
 - Early Purchase Programs
 - EPO Test
- H) Call Preparation
 - Scheduling
 - GPO Contract
 - T-Bar Information
 - Fact Finding
 - if not converted, why?
- I) Post Conversion Follow-up
 - Wholesaler
 - Prime Vendor
 - Information loaded with wholesaler
 - Buyer/Tech
- J) Use of Grants
 - Targeted Accounts
- K) Integration with National Accounts Managers and Key Account Specialists
- L) DDD Utilization
- M) Military Accounts

DISTRIBUTOR TRAINING OBJECTIVES

- A) Does Product Specialist have any distributors in their territory?
- B) Classes of Trade 11, 12, 16, 21, 26, 44
 - Definition
 - Pricing policies
- C) Invoice processing
- D) Sales Estimate
 - SWAG
 - Average daily sales
 - Percentage contribution *
 - Product Specialist/Division Manager
 - Factors (Special promotions, etc.)
 - Cut-Off Dates
 - Per Quarter (4, 4, 5 = 13 weeks)
 - Universal Calendars
- E) Customer Service
 - 1-800
 - Fax Number
- F) Return Goods Management
 - Authorization
 - Product Specialist controls returns
 - Policy
- G) Inventory Management
 - Adequate stock
 - Dating policy
- H) Trade Programs
 - Explain trade programs
 - Implementation
- I) Key Personnel
 - House Manager
 - Sales Manager
 - Inventory Control Manager
 - Bids and Contracts Manager
 - Managed Health Care Manager
 - Sales personnel

- Morgue Manager
- Telephone personnel
(Issues = QBSR, Programs, Pricing Flexibility, Up-charge, etc.)

- J) Call Activity
- K) Tour distributor

HOME HEALTH CARE AGENCIES TRAINING OBJECTIVES

Knowledge of the following areas:

A) Personnel

- Registered Pharmacist
- Buyer
- HIV Oncology Program Coordinator
- Reimbursement Personnel
- Marketing Personnel
- Manager/Director

B) How to find home health care agencies

- Doctor's office
- Yellow pages
- Registered pharmacist
- Social workers
- Wholesalers
- Nurses
- DDD
- HIV/Oncology support groups
- Managed health care list

C) Sourcing

- GPO affiliation
- Contract, Amgen or Ortho?
- Prime vendor
- Distributor
- Affiliates

D) Pricing

- Product Specialist can offer 3%
- When is a contract appropriate?
- No other rebates (no retail/no physician rebate programs)
- Early Purchase Program
- Distributor Pricing Flexibility

E) In-services

- Value Added Programs
- Service Items
- Market Research
- Partnering

F) Call Activity and Coverage

- Proper classification (example given, Classes A, B, C)
- Coverage depends on classification

G) Definition

- Home health care agencies
- Infusion center

H) Procedures

- Developing/Implementing Contracts

RETAIL TRAINING OBJECTIVES

A) Call Activities

- Standards - 2.0 calls per day
- Establish realistic call objectives

B) Targeting Accounts

- Market Research/from physicians and staff
- Rebate List
- Goldline List
- Epogen List/wholesale
- Prospecting
 - Telephone
 - Yellow Pages

C) Identify Top Retail Zips on DDD

D) Understand Medicaid Reimbursement

E) Know How to Process an Order

F) Obtain Order Entry Numbers from distributors

G) Develop a Retail Binder with appropriate sales materials & product information

H) Know how to explain PROCIT Profit to the Pharmacist

I) Conduct Market Research

J) Know how to overcome common objections

- Substitution Laws
- General Issues
- Medicaid
- Medicare
- Reimbursement Processing
- Packaging 6 vs. 10

K) Definitions

- NCD
- AWP
- Upcharge

L) Standards of Retail Call

- What constitutes a call
- What constitutes a retail conversion

TERRITORY ANALYSIS

A) Resources

- DDD
- Territory Records
- Goldline Information
- Physician Rebates
- Wholesalers
- Invoices
- Descending Dollars Report
- Managed Healthcare Charge-back Information

B) Target Customers

- Identify top zip codes
- Key accounts/outlet report
- Evaluate trends/amounts

C) Analyze Market Segments and Develop a Plan of Action

D) Analyze Incentive Compensation Criteria and Develop Plan of Action

SPEAKER/GRANTS

A) Speaker and Grant

- Targeted Use
- Institutions
- Hospitals
- Support Groups

B) How to request Speakers and Grants

- Grants
 - Divisional Manager
 - Jennifer Ng
 - Regional Managers
- Speakers
 - Divisional Manager
 - Toltis

C) Speakers

- Input on subject matter
- Develop local speakers
- Physicians
- Pharmacists
- Nurses

D) Impact of Speaker Programs

- Market Expansion
- Relationships
- Inaccessible Physicians

E) Coordinate

- With other Product Specialists
- More than 1 location

F) Protocols

G) Return on Investment

H) Grants

- Division grant budget
- Market Share Grant Enhancement Program
- Managed Healthcare Grants
- Public relations grants

ADMINISTRATION TRAINING OBJECTIVES

Knowledge of the following areas:

- A) Set-up files/system
 - File retention/processing
- B) Expense Reporting
 - Norms
 - Standards
 - Due Dates
 - Receipts
 - Procedures
- C) Weekly Activity Reporting
 - Manual
 - Transmission on OASIS
 - Calls/Comments on the weekly activity report
 - Pertinent information on the weekly activity report
- D) Routing
 - Monthly
 - Daily
- E) Grant Requests
 - Targeting Accounts
 - Procedures
- F) Speaker Requests
 - Targeting Accounts
 - Procedures
- G) Who do I call when I need ... ? (e.g., supplies, grants, car problems)
- H) Sales Supplies
 - How to order
- I) Company Protocol
- J) Review Reports
 - Invoices
 - Customer Reports
 - Etc.

MISCELLANEOUS

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FOLLOW UP TRAINING

**PHYSICIAN EFFECTIVENESS
HOSPITAL EFFECTIVENESS
RETAIL EFFECTIVENESS
HHCA EFFECTIVENESS
DISTRIBUTOR EFFECTIVENESS
ADMINISTRATION
TERRITORY ANALYSIS
SPEAKERS/GRANTS
OASIS ORIENTATION
ACE/MANAGING DIVERSITY
CLERKSHIPS**

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PROCIT® REIMBURSEMENT PROGRAMS

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REIMBURSEMENT PROGRAMS

GENERAL RULES OF THUMB



Determine if reimbursement is an issue before presenting programs.



Determine which programs are appropriate for the customer and present benefits for those programs only.



Don't get involved in details such as coding and filing claims. Present overview of program and inform them of how to use to program. Have customer use PROCRITline for administrative details.
(Hint: If customers are calling you with problems filling out claims, you are spending too much time on the details. Refer them to PROCRITline.)



Don't rely solely on reimbursement programs. Remember clinical support and other value added services.



Connect reimbursement programs with PROCRIT. "PROCRIT is the only Epoetin alfa that provides these programs."



Sell PROCRIT, not reimbursement programs.

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PROCRITLINE

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DATE OF CALL	CALLER	CITY	SALES REPRESENTATIVE	CATH PROCEDURE/LINE	TERRITORY	DIAGNOSE	INSURER	PAGE 1		
								ORIGINAL STATUS	CURRENT STATUS	DATE OF REACHOUT
05/12/92	1 CARE OF ARKANSAS, 06/07/92 Hulman, Peter	LITTLE ROCK	CLINTON, BO	04007	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	05/12/92	
05/18/92 Woods, Thomas	ANCHORAGE	MARK, PAUL	MARK, PAUL	53823	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	5	05/20/92	
05/17/92 Old, Christopher	BIRMINGHAM	RUCKER, Y, ALAN	RUCKER, Y, ALAN	52023	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	2	05/20/92	
05/13/92 Yellding, Allen	BIRMINGHAM	RUCKER, Y, ALAN	RUCKER, Y, ALAN	52023	BREAST CANCER	ORIG CLM	SUCCESS	0	05/17/92	
05/24/92 Thomas, Michelle	BIRMINGHAM	RUCKER, Y, ALAN	RUCKER, Y, ALAN	52023	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	05/17/92	
05/05/92 Yellding, Allen	BIRMINGHAM	RUCKER, Y, ALAN	RUCKER, Y, ALAN	52023	AMERIA	ORIG CLM	SUCCESS	1	05/25/92	
05/03/92 Tharp, David	BIRMINGHAM	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	DEB-APPL	SUCCESS	0	05/03/92	
05/07/92 Bocca, N. Bo	NEFFIELD	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	4	05/06/92	
05/01/92 Hammar & Plus,	NEFFIELD	LYNNE, LYNN	LYNNE, LYNN	52050	ALDS, UNSPECIFIED	ORIG CLM	SUCCESS	53	05/01/92	
05/16/92 Ticas, Roberto	DOHMAN	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	1	07/02/92	
05/11/92 Attimis, Ruth	BIRMINGHAM	LYNNE, LYNN	LYNNE, LYNN	52050	NEOPATH: UNKNOWN	ORIG CLM	SUCCESS	0	07/16/92	
05/15/92 Johni, KIRI	DOHMAN	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	06/11/92	
05/14/92 Johni, KIRI	DOHMAN	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	07/15/92	
05/16/92 Johni, KIRI	DOHMAN	LYNNE, LYNN	LYNNE, LYNN	52050	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	07/16/92	
05/24/92 Wilson, Carl	LITTLE ROCK	SMITH, DAN	SMITH, DAN	52000	SACROMA, UNSPECIFIED	ORIG CLM	SUCCESS	0	04/24/92	
05/25/92 Collins, Stanley	TEBARADA	SIMONE, KIMBERLY	SIMONE, KIMBERLY	53126	ACUTE MYELOID LEUKEMIA	DEB-APPL	SUCCESS	51	05/27/92	
05/12/92 RIA Initiative Inc,	GILBERT	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	1	02/13/92	
05/17/92 Pucker, Jeffrey	PHOENIX	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	05/19/92	
05/22/92 Pucker, Jeffrey	PHOENIX	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	DEB-APPL	SUCCESS	1	06/28/92	
05/27/92 Pucker, Jeffrey	COTTONWOOD	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	1	06/28/92	
05/31/92 Wells, David	FLAGSTAFF	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	DEB-APPL	SUCCESS	2	03/05/92	
06/18/92 Ryan, Michael	SCOTTSDALE	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	06/18/92	
01/06/92 Cherrill, David	SCOTTSDALE	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	DEB-APPL	SUCCESS	45	02/20/92	
02/25/92 Corrington, Ellen	PHOENIX	MARLOWE, MAYNE	MARLOWE, MAYNE	53520	CHRONIC RENAL FAILURE	P/A	SUCCESS	58	04/23/92	
05/19/92 Rignare, Stephen	OMAHA	MARTAS, JR., PHILIP	MARTAS, JR., PHILIP	53220	LUNG CANCER	ORIG CLM	SUCCESS	1	05/19/92	
05/26/92 Bordini, Beverly, Myron	NORTH RIDGE	MARTAS, JR., PHILIP	MARTAS, JR., PHILIP	53220	AIDS, UNSPECIFIED	ORIG CLM	SUCCESS	2	02/28/92	
05/13/92 Quinane, Kellie	PALM SPRINGS	QUINNE, TERENCE	QUINNE, TERENCE	53222	BREAST CANCER	P/A	SUCCESS	0	06/13/92	
02/27/92 Dequattro, Vincent	LOS ANGELES	QUINNE, CYNTHIA	QUINNE, CYNTHIA	53223	CHRONIC RENAL FAILURE	ORIG CLM	SUCCESS	0	02/27/92	
01/24/92 Corrington, Ellen	PASADENA	QUINNE, CYNTHIA	QUINNE, CYNTHIA	53223	SICKLE CELL ANEMIA	DEB-APPL	SUCCESS	195	08/05/92	

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DATE OF CALL	CALLER	CITY		STATE/ REPRESENTATIVE	SALES		COT TWO PROCEDURE	PATIENT	DIAGNOSIS	INSURED	PAGE 2		ON INITIAL STATUS	CURRENT STATUS	DATE	DATE OF REJECTION
		STL	STL		STL	STL					STL	STL				
06/18/92	CAJEMARK (SAN DIEGO),	MAN. BIRGO	CA	NEHRMAN, GARY	53224	AIDS, UNSPECIFIED	EMPLOYEES OF INS PROGRAM	P/A	SUCCESS	2	06/20/92	06/20/92	06/20/92	06/20/92	06/20/92	06/20/92
02/27/92	Sando, Charles	CA	UNION, TIMOTHY	53225	INTERDISPLASTIC STOMA	SECURE HORIZONS INC	ORG CLM	SUCCESS	160	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	
04/15/92	Timan, Glenn	CA	URICH, TIMOTHY	53226	CHRONIC RENAL FAILURE	MEDICARE (TRANSMERICA)	DRN-APL	SUCCESS	112	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	
05/21/92	Kurnick, John	CA	URICH, TIMOTHY	53226	CHRONIC RENAL FAILURE	MEDICARE (TRANSMERICA)	DRN-APL	SUCCESS	73	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	
06/17/92	Grilli, George	CA	NEED, KEITH	53227	CHRONIC RENAL FAILURE	CARE AMERICA	ORG CLM	SUCCESS	2	06/19/92	06/19/92	06/19/92	06/19/92	06/19/92	06/19/92	
01/06/92	Thompson, Antonio	CA	MCDO, KEITH	53227	AIDS, UNSPECIFIED	HS CA	ORG CLM	SUCCESS	210	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	
01/10/92	Pritchett, Howard	CA	MCDO, KEITH	53227	AIDS, UNSPECIFIED	FNP	P/A	SUCCESS	80	06/10/92	06/10/92	06/10/92	06/10/92	06/10/92	06/10/92	
04/16/92	Inuentes, Antonio	CA	MCDO, KEITH	53227	AIDS, UNSPECIFIED	HS CA	ORG CLM	SUCCESS	7	06/23/92	06/23/92	06/23/92	06/23/92	06/23/92	06/23/92	
05/20/92	Schwarts, Lee	CA	MCDO, KEITH	53227	MULTIPLE MELANOMA	FNP	ORG CLM	SUCCESS	1	06/21/92	06/21/92	06/21/92	06/21/92	06/21/92	06/21/92	
06/06/92	Jantz, Mark	CA	MCDO, KEITH	53227	CHRONIC RENAL FAILURE	CONNECTICUT GENERAL	ORG CLM	SUCCESS	1	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	06/05/92	
05/14/92	Castany, Motti	CA	MCDO, KEITH	53227	CHRONIC RENAL FAILURE	REPUBLICA (TRANSMERICA)	DRN-CLM	SUCCESS	0	05/14/92	05/14/92	05/14/92	05/14/92	05/14/92	05/14/92	
03/19/92	Glaum, Paul	CA	POUNTAIN, CHEVEZ	53228	ATM, UNSPECIFIED	CTOMA	ORG CLM	SUCCESS	1	06/25/92	06/25/92	06/25/92	06/25/92	06/25/92	06/25/92	
01/10/92	Charles, Bent	CA	POUNTAIN, CHEVEZ	53228	SOLID MALIGNANT MELANOMA	TRAVELERS	ORG CLM	SUCCESS	6	07/06/92	07/06/92	07/06/92	07/06/92	07/06/92	07/06/92	
04/09/92	Margaret	CA	POUNTAIN, CHEVEZ	53228	AIDS, UNSPECIFIED	HS CA	P/A	SUCCESS	0	06/03/92	06/03/92	06/03/92	06/03/92	06/03/92	06/03/92	
02/04/92	Melante, Nancy	CA	POUNTAIN, CHEVEZ	53228	CHRONIC RENAL FAILURE	ATMMA	ORG CLM	SUCCESS	56	05/31/92	05/31/92	05/31/92	05/31/92	05/31/92	05/31/92	
03/17/92	Exxon, Milton	CA	POUNTAIN, CHEVEZ	53228	ATM, UNSPECIFIED	HS CA	P/A	SUCCESS	0	05/11/92	05/11/92	05/11/92	05/11/92	05/11/92	05/11/92	
01/08/92	Oliver, Richard	CA	POND, LINDA	53229	CHRONIC RENAL FAILURE	UNITED FURNITURE WORKERS	P/A	SUCCESS	1	01/09/92	01/09/92	01/09/92	01/09/92	01/09/92	01/09/92	
02/09/92	Charney, Stephen	CA	POND, LINDA	53229	CHRONIC RENAL FAILURE	UNION BENEFITS SEAFARERS	P/A	SUCCESS	1	02/20/92	02/20/92	02/20/92	02/20/92	02/20/92	02/20/92	
01/13/92	Oliver, Richard	CA	POND, LINDA	53229	CHRONIC RENAL FAILURE	WALTHAM	P/A	SUCCESS	41	03/25/92	03/25/92	03/25/92	03/25/92	03/25/92	03/25/92	
05/20/92	Chieffo, John	CA	POND, LINDA	53229	CHRONIC RENAL FAILURE	WALGREENS INS. CO.	ORG CLM	SUCCESS	1	03/21/92	03/21/92	03/21/92	03/21/92	03/21/92	03/21/92	
07/01/92	Cohen, Wayne	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	BIG B/S CO	ORG CLM	SUCCESS	1	07/02/92	07/02/92	07/02/92	07/02/92	07/02/92	07/02/92	
05/27/92	Hartlton, Mark	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	MEDICARE	ORG CLM	SUCCESS	0	03/27/92	03/27/92	03/27/92	03/27/92	03/27/92	03/27/92	
06/05/92	McNamee, Richard	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HELD CARE	ORG CLM	SUCCESS	0	04/25/92	04/25/92	04/25/92	04/25/92	04/25/92	04/25/92	
04/22/92	Malloy, Harry	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HAN NATIONAL LIFE	ORG CLM	SUCCESS	0	04/22/92	04/22/92	04/22/92	04/22/92	04/22/92	04/22/92	
06/04/92	Baldari, Tom	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	ORG CLM	SUCCESS	0	06/08/92	06/08/92	06/08/92	06/08/92	06/08/92	06/08/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	ORG CLM	SUCCESS	3	07/10/92	07/10/92	07/10/92	07/10/92	07/10/92	07/10/92	
01/13/92	Oliver, Richard	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	ORG CLM	SUCCESS	3	07/10/92	07/10/92	07/10/92	07/10/92	07/10/92	07/10/92	
07/12/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	21	08/25/92	08/25/92	08/25/92	08/25/92	08/25/92	08/25/92	
01/13/92	Oliver, Richard	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	08/04/92	08/04/92	08/04/92	08/04/92	08/04/92	08/04/92	
07/12/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	4	01/26/92	01/26/92	01/26/92	01/26/92	01/26/92	01/26/92	
01/13/92	Oliver, Richard	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	6	05/27/92	05/27/92	05/27/92	05/27/92	05/27/92	05/27/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	05/21/92	
04/04/92	Charney, Stephen	CA	POULIN, GEORGE	53230	CHRONIC RENAL FAILURE	HEICO	P/A	SUCCESS	0	05/21/92	05/21/92	05/21/92	05/			

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MDL-OBJ00062610

DATE OF CALL	CALLER	CITY	STATE	SALES REPRESENTATIVE	ORTHO PRACTICLINE	TERITORY	DIAGNOSIS	ICD-9	DATE OF PRESENTATION
01/12/92	Carley, Kira	KIRKLAND	WA	RANI, DONALD	51022		HIV, UNSPECIFIED		01/13/92
01/14/92	Couper, Kieran	HARTFORD	CT	RANI, DONALD	51022		HIV, UNSPECIFIED		01/20/92
01/15/92	Carley, Matthew	HARTFORD	CT	RANI, DONALD	51022		MULTIPLE MYELOMA		01/29/92
01/03/92	Ble, Margaret	NEW HAVEN	CT	RANI, DONALD	51022		CHRONIC RENAL FAILURE		04/06/92
01/16/92	Bart, Frederick	WATERTON	DC	ASKE, ROBERT	51926		CHRONIC RENAL FAILURE		03/18/92
01/17/92	Bart, Frederick	WATERTON	DC	ASKE, ROBERT	51926		RENAL TUBULOPATHY		04/06/92
01/11/92	Sarrantor, Victor	WATERTON	DC	ASKE, ROBERT	51926		CHRONIC RENAL FAILURE		04/06/92
01/11/92	Aszkenasy, Peter	WATERTON	DC	ASKE, ROBERT	51926		CHRONIC RENAL FAILURE		04/06/92
01/19/92	Cleibourn, Susan	WATERTON	DC	ASKE, ROBERT	51926		CHRONIC RENAL FAILURE		04/06/92
01/09/92	Bacon, 111, Alfred	SEWARD	DE	PETREE, DAVID	51920		ANEMIA		01/09/92
01/11/92	Martin, Eric	SEWARD	DE	PETREE, DAVID	51920		MULTIPLE MYELOMA		01/13/92
01/19/92	Kephartney Asaac, DE	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		01/22/92
01/05/92	Kephartney Asaac, DE	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/10/92
01/15/92	Spangler, Alice, Dr.	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/15/92
01/11/92	Cow, Daniel	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/11/92
01/16/92	Murphy, Frank	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/16/92
01/02/92	Kephartney Asaac, DE	SEWARD	DE	PETREE, DAVID	51920		MULTIPLE MYELOMA		04/23/92
01/12/92	Kephartney Asaac, DE	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/23/92
01/23/92	Miller, 1111m	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/25/92
01/23/92	Sohn, Joseph	SEWARD	DE	PETREE, DAVID	51920		CHRONIC RENAL FAILURE		04/25/92
01/05/92	Sparti, Paul	MIAMI, WILLIAM	FL	MITCH, III, WILLIAM	52120		HIV, UNSPECIFIED		01/05/92
01/29/92	Carlo, John	MIAMI	FL	MITCH, III, WILLIAM	52120		CHRONIC RENAL FAILURE		04/29/92
01/15/92	Kerris, Albert	MIAMI	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		01/16/92
01/15/92	Kirkin, Albert	MIAMI	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		01/16/92
01/15/92	Orman, Steven	MIAMI	FL	MOLIER, PAUL	52121		AFLAC/INTERACT AMERICA		01/17/92
01/15/92	Robertson, Michael	MIAMI	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		01/17/92
01/10/92	Orman, Steven	MIAMI	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		04/10/92
01/28/92	Wertheim, Michael	PORT ST. LUCY	FL	MOLIER, PAUL	52121		HYELIFIX/CRIS		04/21/92
01/13/92	Zandt, Steven	SARASOTA	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		04/14/92
01/13/92	Silberman, Marc	SARASOTA	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		04/14/92
01/13/92	Seifer, Marman	RIVIERA BEACH	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		04/14/92
01/06/92	Park Beach Hlth Care	RIVIERA BEACH	FL	MOLIER, PAUL	52121		CHRONIC RENAL FAILURE		04/07/92
							ANTRIM GROUP SERVICES		
							UNITED INSURERS OF AMERICA		
							MEDICARE (TRAVELERS R.R.)		
							MEDICAO		
							ORIG CLM		
							SUCCESS		

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DATE OF CALL	CALLER	CITY	STATE	REPRESENTATIVE	ON TWO PROBLEMS	SALES	DIAGNOSIS	INSURER	ORIGINAL STATUS	CURRENT STATUS	DATE OF RESOLUTION
07/24/92	Knight, Edward	ROCKledge	FL	REICHLAND, PAUL	52121		BREAST CANCER RENAL INSUFFICIENCY	TRANSPORT WORKERS UNION	ORIG CLM	SUCCESS	07/29/92
06/19/92	Uebel, Herman	MINNEOTA	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/21/92
06/19/92	Zendal, Stephen	MINNEOTA	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/24/92
06/19/92	Zendal, Stephen	MINNEOTA	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/24/92
06/19/92	Zendal, Stephen	MINNEOTA	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/24/92
06/23/92	Stabinski, James	VEINCE	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/03/92
06/19/92	Uebel, Nathan	MINNEOTA	FL	REICHLAND, PAUL	52121		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/19/92
06/19/92	Uebel, Nathan	MINNEOTA	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/19/92
06/19/92	Uebel, Nathan	TAMPA	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/19/92
06/19/92	Uebel, Nathan	TAMPA	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	08/19/92
06/06/92	Paulmeyer, David	AMERICAN HOME PR., INC.	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	05/11/92
05/07/92	American Home PR., INC.	AMERICAN HOME PR., INC.	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	04/10/92
06/10/92	Poletti, Michael	TAMPA	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	06/29/92
06/29/92	Himeda, Pedro	TAMPA	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	06/03/92
06/03/92	AYUA, GEORGE	MIAMI	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	06/11/92
06/11/92	OCOMA, JULIO	ST. PETERSBURG	FL	REICHLAND, PAUL	52122		CHRONIC RENAL FAILURE	ORIG CLM	ORIG CLM	SUCCESS	06/11/92
07/04/92	ZIEGLER, LANE	FT. LAUDERDALE	FL	JANSON, SHARON	52122		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	08/16/92
03/17/92	STRUMINSKY, IRVING	FT. LAUDERDALE	FL	CAMPBELL, ROBIN	52124		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	06/01/92
06/10/92	Knight, Edward	DAYTONA BEACH	FL	CAMPBELL, ROBIN	52124		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	08/05/92
02/24/92	Pascal, Vivian	DAYTONA BEACH	FL	CAMPBELL, ROBIN	52124		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	05/27/92
05/27/92	Hoppe, John	DAYTONA BEACH	FL	CAMPBELL, ROBIN	52124		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	06/16/92
06/14/92	Chambers, Charles	GAINESVILLE	FL	CAMPBELL, ROBIN	52124		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	06/16/92
06/27/92	Reichert, Rebecca	ALBANY SPRINGS	FL	JOHNSON, JENNIFER	52125		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	06/22/92
06/22/92	Reichert, Rebecca	ORLANDO	FL	JOHNSON, JENNIFER	52125		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	01/20/92
01/20/92	Jacksonville	JACKSONVILLE	FL	JOHNSON, JENNIFER	52125		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	01/20/92
02/28/92	Soem, Silvia	MIAMI BEACH	FL	SCOTT, JILL, WILLIAM	52220		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	07/29/92
04/20/92	May, Robert	ATLANTA	GA	SCOTT, LECIA	52025		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	05/04/92
07/06/92	Rossi, Tom	ATLANTA	GA	SCOTT, LECIA	52025		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	07/06/92
06/19/92	May, Robert	ATLANTA	GA	SCOTT, LECIA	52027		CHRONIC RENAL FAILURE	P/A	P/A	SUCCESS	06/24/92
01/02/92	Breitbar, Robert	IGA CITY	IA	MARTIN, SUSAN	52027		PROSTATE CANCER	DEB-APPL	DEB-APPL	SUCCESS	01/02/92
02/10/92	Peterson, Carol	JOLIET	IL	GAY, CHERYL	52020		CHRON LYMPHOCYTIC LEUK	DEB-APPL	DEB-APPL	SUCCESS	02/19/92
02/10/92	Peterson, Carol	PARK RIDGE	IL	MEMPHIS, JAMES	52020		CHRONIC RENAL FAILURE	DEB-APPL	DEB-APPL	SUCCESS	05/26/92

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DATE OF CALL	CALLER	CITY	STATE REPRESENTATIVE	TERMINAL	DIAGNOSES	INSURER	DATE OF EXECUTION
07/07/92	Wood, William	EASTON			CHRONIC RENAL FAILURE	IC/BS MD	07/07/92
04/10/92	KUPLM, JAYNE	BALTIMORE			CHRONIC RENAL DISEASE	IC/BS MD	04/10/92
05/07/92	SCHAFFER, ALAN	GLENBROOK			ACUTE RENAL FAILURE	IC/BS MD	05/07/92
01/08/92	SWALGEN, Thomas	CLINTON			ANEMIA	IC/BS NATIONAL CAPITAL	01/08/92
07/10/92	Wiles, Pamela	ASKE, ROBERT			CHRONIC RENAL FAILURE	IC/BS MD	07/10/92
02/12/92	Socipis, Ralph	WILLIAMSBURG			CHRONIC RENAL FAILURE	IC/BS MD	02/11/92
02/12/92	SMITH, David P	FATTON			CHRONIC RENAL FAILURE	IC/BS MD	02/11/92
08/26/92	YOUNG, Zechar	MORST, DONA			CHRONIC RENAL FAILURE	IC/BS MD	08/26/92
01/17/92	Cahn, Paula	JORDT, DONA			CHRONIC RENAL FAILURE	IC/BS MD	01/18/92
04/18/92	Armed, Steven	HORST, DONA			CHRONIC RENAL FAILURE	IC/BS MD	04/18/92
08/13/92	Rote, Otto	GUERIN, LITA			CHRONIC RENAL FAILURE	IC/BS MD	08/13/92
02/11/92	Eastern Medical Ctr.	RANGER	SCOTT, JOHN		CHRONIC RENAL DISEASE	IC/BS ME	02/11/92
08/20/92	Hilmes, Richard	BLUE HILL	OLEARY, RICH		CHRONIC RENAL FAILURE	IC/BS ME	08/20/92
07/07/92	Harold, Susan	DETROIT	BAJAJ-SCOTT, ZAHNA		LUNG CANCER	IC/BS MD	07/07/92
07/01/92	Harold, Susan	DETROIT	BAJAJ-SCOTT, ZAHNA		MULTIPLE MYELOMA	IC/BS MD	07/01/92
07/01/92	Harold, Susan	DETROIT	BAJAJ-SCOTT, ZAHNA		MULTIPLE MYELOMA	IC/BS MD	07/01/92
07/01/92	Harold, Susan	DETROIT	BAJAJ-SCOTT, ZAHNA		LUNG CANCER	IC/BS MD	07/01/92
08/18/92	Mohindra, Rambir	LAKOTA	ARMON, NEILSONA		HYDROXYPLASTIC SYNDROME	IC/BS MD	08/18/92
07/24/92	Probst, Lorraine	WEST BRANCH	ARMON, NEILSONA		CHRONIC RENAL FAILURE	IC/BS MD	07/24/92
07/10/92	Tucker, William	LAPER	STAN, CHRISTY		PROSTATE CANCER	IC/BS MD	07/10/92
02/19/92	Flynn, Thomas	MINNEAPOLIS	SCOTT, BARBARA		HYDROXYPLASTIC SYNDROME	IC/BS MD	02/19/92
01/13/92	Stien, Phil	EDINA	SCOTT, BARBARA		CHRONIC RENAL FAILURE	IC/BS MD	01/13/92
01/13/92	SCHMIDT, RAYTON	MINNEAPOLIS	SCOTT, BARBARA		HYDROXYPLASTIC SYNDROME	IC/BS MD	01/13/92
01/21/92	SCHMIDT, RAYTON	EDINA	SCOTT, BARBARA		ANEMIA	IC/BS MD	01/21/92
02/18/92	Lembke, Myrna	EDINA	SCOTT, BARBARA		CHRONIC RENAL FAILURE	IC/BS MD	02/18/92
02/27/92	Flynn, Thomas	MINNEAPOLIS	SCOTT, BARBARA		STATE FARM	IC/BS MD	02/27/92
05/18/92	Wheeler, Heck	HAWAII	SCOTT, BARBARA		ANEMIA	IC/BS MD	05/18/92
01/06/92	Arora, Vinod	HINCE	SCOTT, BARBARA		ANEMIA	IC/BS MD	01/06/92
02/10/92	ROBERTS, Burton	HINCE	SCOTT, BARBARA		ANEMIA	IC/BS MD	02/10/92
02/11/92	Diamond, Fred	EDINA	SCOTT, BARBARA		DIABETES MELLITUS	IC/BS MD	02/11/92
02/13/92	Barker, Harold	MINNEAPOLIS	SCOTT, BARBARA		PUNCTOPLA	IC/BS MD	02/13/92

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DATE OF CALL	CALLER	EDIT	STATE REPRESENTATIVE	SALES	STATE	TERITORY	STAFFER	INSURER	ORIGINAL STATUS	CURRENT STATUS	DATE OF RESOLUTION
05/04/92	SCHMIDT, MARTIN		MN	SCOTT, ANDREA	52820	ESOPHAGEAL CANCER		MEDICA CHOICE (P&P)	P/A	SUCCESS	05/04/92
05/04/92	Bartlett, David		MN	KUNZEL, HELEN	52821	RENAL INSUFFICIENCY		SC/AB MC	ON/O CLN	SUCCESS	05/31/92
05/10/92	Ore-Opti Consultants,		EDNA	ABERSON, JERONIM	52822	CHRONIC RENAL FAILURE		MEDICARE (TRAVELERS)	ON/O CLN	SUCCESS	06/19/92
05/29/92	Reinhardt, Mark		MN	ANDERSON, PETERMAN	52822	CHRONIC RENAL FAILURE		MEDICARE	ON/O CLN	SUCCESS	06/29/92
01/13/92	Blumenthal, David		ST. LOUIS	WARREN, R. LANCE	53121	ANEMIA		MEDICARE (GEN. AMERICA)	ON/O CLN	SUCCESS	04/05/92
06/02/92	Petrikash, William		SPRINGFIELD	WARREN, R. LANCE	53121	ALDPE, UNSPECIFIED		THE GUARDIAN	ON/O CLN	SUCCESS	04/06/92
03/28/92	Eby, Charles		ST. LOUIS	WARREN, R. LANCE	53121	NEOPLEM/ENDOCRINOS OF BONE		ON/O CLN	ON/O CLN	SUCCESS	04/06/92
04/04/92	Abdel, Nancy		ST. LOUIS	WARREN, R. LANCE	53121	CHRONIC NEAL FAILURE		NO STATE MED. CARE PLAN	P/A	SUCCESS	04/04/92
05/15/92	Abdel, Nancy		KANSAS CITY	WEDDICK, J.A. OLIVER	53123	CHARTIAN CANCER		MEDICARE (GEN. AMERICA)	ON/O CLN	SUCCESS	04/26/92
06/09/92	Zentile, Steven		KANSAS CITY	WALKER, DAVID	53123	NET LIFE		NET LIFE	ON/O CLN	SUCCESS	04/10/92
06/09/92	Hilberts, Christopher,		KANSAS CITY	WALKER, DAVID	53124	RENAL CELL CANCER		UNITED FOOD & COMMERCIAL	P/A	SUCCESS	06/15/92
06/05/92	Trindell, K.O.		KANSAS CITY	WALKER, DAVID	53126	ANEMIA		TRAVELERS	ON/O CLN	SUCCESS	06/11/92
06/05/92	U of KS Renal Clinic,		JACKSON	WILLIAMS, JAMES	52426	CHRONIC NEAL FAILURE		MEDICARE	ON/O CLN	SUCCESS	06/09/92
07/29/92	Heaton, Garryann		JACKSON	WILLIAMS, JAMES	52426	CHRONIC NEAL FAILURE		MEDICARE	ON/O CLN	SUCCESS	06/05/92
06/16/92	Lent, Chris		LAKE DIER	DECKER-FITZ, PMP, SHARON	53824	COLOR CANCER		MEDICARE	ON/O CLN	SUCCESS	06/03/92
04/02/92	Boat, Angie		WILMINGTON	WILMINGTON, ROBERT	51923	CHRONIC NEAL FAILURE		MEDICAI (TRAVELERS MD)	ON/O CLN	SUCCESS	07/29/92
01/07/92	Maulity, Billy		WILMINGTON	WILLIAMS, PAUL	52400	MULTIPLE MYELOMA		STATE OF NC, BENEFIT PLAN	ON/O CLN	SUCCESS	04/16/92
02/11/92	Carolina Kidney Assoc.		GREENSBORO	WILLIAMS, PAUL	52400	INTERDISPLASTIC STOMA		CAROLINA MC, UHC, HF	ON/O CLN	SUCCESS	06/16/92
03/16/92	Cook, Charles		RALEIGH	WILLIAMS, PAUL	52400	CHRONIC NEAL FAILURE		STATE OF NC, BENEFIT PLAN	P/A	SUCCESS	01/02/92
04/10/92	Carolina Kidney Assoc.		GREENSBORO	WILLIAMS, PAUL	52400	ANEMIA		FEDERATED MUTUAL	P/A	SUCCESS	02/12/92
06/10/92	Johnson, Shirley		CURRY	WILLIAMS, PAUL	52400	CHRONIC NEAL FAILURE		AETNA	P/A	SUCCESS	03/18/92
02/27/92	Karrington, Deirdre		WILSTON-SALEM	WILLIAMS, PAUL	52400	MULTIPLE MYELOMA		MAIL HANDLER	P/A	SUCCESS	06/16/92
01/21/92	Sumrall, Robert		COLORADO	WILLIAMS, PAUL	52400	ALY, UNSPECIFIED		STATE OF NC, BENEFIT PLAN	ON/O CLN	SUCCESS	01/17/92
04/09/92	PC School of Med.,		GREENVILLE	WILLIAMS, PAUL	52400	CHRONIC NEAL FAILURE		MEDICAL	ON/O CLN	SUCCESS	01/22/92
06/18/92	Raleigh Home/One,		RALEIGH	WILLIAMS, PAUL	52400	INTERDISPLASTIC STOMA		SC/AB MC	ON/O CLN	SUCCESS	06/05/92
02/25/92	Yaffe, Mark		GREENPORT	WILLIAMS, PAUL	52400	MULTIPLE MYELOMA		SC/AB MC	ON/O CLN	SUCCESS	06/05/92
03/15/92	Oliver, David			WILLIAMS, PAUL	52400	INTERDISPLASTIC STOMA		AETNA	P/A	SUCCESS	06/22/92
03/04/92	ANLIV, THOMAS		FARGO	WILLIAMS - SCOTT, BREND	52924	ANEMIA		TRAVELERS	ON/O CLN	SUCCESS	05/23/92
						CHRONIC NEAL FAILURE		SC/AB MC	ON/O CLN	SUCCESS	05/05/92

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DATE OF CALL	CALLER	CLT	STATE	SALES REPRESENTATIVE	ORTHO PROCLINE	TERITORY	DIAGNOSIS	INSURE	PAGE: 9	ORIGINAL STATUS	CURRENT STATUS	DAY	DATE OF REJECTION
06/24/92	Math, &ipm		FLORIDA	RAATINKA-BROTT, BRENDA	\$2624		AMENIA	MAIL HANDLER		ORTO CLM	SUCCESS	2	06/26/92
01/23/92	Tucker, James		FL	SCOTT, JOHN	\$1027		DIABETIC NEPHROPATHY	SC/BS MM MEDICARE		P/A	SUCCESS	0	01/23/92
07/15/92	Peraire, Robert		FL	SCOTT, JOHN	\$1027		CHRONIC RENAL FAILURE	ORTO CLM		ORTO CLM	SUCCESS	0	07/15/92
02/11/92	Altshoff, Richard		FL	HAZAN, MARK			KHEOPOLITATIVE DISORD			P/A	SUCCESS	7	02/18/92
01/14/92	Altshoff, Richard		FL	HAZAN, MARK			LUNG CANCER			ORTO CLM	SUCCESS	147	06/09/92
06/03/92	Altshoff, Richard		FL	HAZAN, MARK			CHRONIC RENAL FAILURE			ORTO CLM	SUCCESS	2	06/05/92
06/03/92	Kleib, Hugh		FL	HAZAN, MARK			TRANSPORT LIVE			ORTO CLM	SUCCESS	2	06/05/92
08/17/92	Tom's River		FL	HAZAN, MARK			ALDS, UNSPECIFIED			ORTO CLM	SUCCESS	4	08/21/92
06/19/92	Dave, Parvez		FL	HAZAN, MARK			CHLORINE CANCER			ORTO CLM	SUCCESS	0	06/19/92
05/18/92	Loenthal, U.		MAINE	LIOUET, PHIL	\$1522		CHRONIC RENAL FAILURE	EMPIRE BC/BS		ORTO CLM	SUCCESS	0	06/10/92
05/18/92	Loenthal, Dennis		MAINE	ATRAS, DAVID	\$1528		MULTIPLE MYELOMA	MEDICARE		ORTO CLM	SUCCESS	0	06/10/92
08/16/92	Strokey, David		NEW MEXICO	MICELLAU, DEAN	\$3235		AIDS, UNSPECIFIED	HEALTH PLUS MEDICARE		ORTO CLM	SUCCESS	3	06/19/92
06/03/92	Lemaster, Allen		NEW MEXICO	MARLAND, GENEVIE	\$3230		CHRONIC RENAL FAILURE			ORTO CLM	SUCCESS	0	06/03/92
01/07/92	Propp, Richard		ALBANY	TARGAT, TERESA	\$1025		RENAL INSUFFICIENCY	MEDICARE (EAS WESTERN NY)		P/A	SUCCESS	0	01/07/92
06/26/92	Kaufman, Mark		ALBANY	TARGAT, TERESA	\$1025		CHRONIC RENAL FAILURE	MEDICARE (EAS WESTERN NY)		ORTO CLM	SUCCESS	0	06/26/92
02/25/92	Shah, Nasar		ALBANY	TARGAT, TERESA	\$1025		CHRONIC RENAL FAILURE	MEDICARE (EASTERN BC/BS)		ORTO CLM	SUCCESS	142	08/05/92
03/04/92	Altors, Robert		ALBANY	SCHENKERTADY	\$1025		CHRONIC RENAL FAILURE	IC/AS NE NY CREA		ORTO CLM	SUCCESS	1	03/03/92
03/04/92	Johnson, Gertrude		ALBANY	TARGAT, TERESA	\$1025		CHRONIC RENAL FAILURE	CHRONIC RENAL FAILURE		ORTO CLM	SUCCESS	1	03/03/92
05/12/92	Churchill, David		ALBANY	FEIN, DALE, KEVIN	\$1029		THROMBOCYTHESIA	CHI		ORTO CLM	SUCCESS	1	03/03/92
06/12/92	Good Samaritan Hosp, B		ALBANY	DYCHERELL, MARY	\$1121		CHRONIC RENAL FAILURE	ACTIA LIFE AND CASUALTY		ORTO CLM	SUCCESS	0	03/13/92
07/09/92	Stavitsky, Harry		ALBANY	MAGLUSO, MARY BETH	\$1125		CHRONIC RENAL FAILURE	MEDICARE (EMPIRE BC/BS)		P/A	SUCCESS	0	03/27/92
07/16/92	Shulman, Fred		ALBANY	MAGLUSO, MARY BETH	\$1125		CHRONIC RENAL FAILURE	MEDICARE (EMPIRE BC/BS)		ORTO CLM	SUCCESS	5	03/14/92
01/10/92	Stevens, Diane		ALBANY	OBST, ROB	\$1120		PREFERRED CARE	ORTO CLM		ORTO CLM	SUCCESS	0	03/16/92
03/26/92	Adler, Thomas		ALBANY	OBST, ROB	\$1120		DIANTAN CANCER	CONNECTION GENERAL		ORTO CLM	SUCCESS	3	03/13/92
03/26/92	Curvel, Stanley		ALBANY	SIMCHERA, MARSHA	\$1108		CHRONIC RENAL FAILURE	EMPIRE BC/BS		ORTO CLM	SUCCESS	1	03/27/92
07/27/92	Good Samaritan Hosp, B		ALBANY	QUINN, LILLY	\$1121		CHRONIC RENAL FAILURE	MEDICARE (EMPIRE BC/BS)		ORTO CLM	SUCCESS	204	06/05/92
07/09/92	Stavitsky, Harry		ALBANY	QUINN, LILLY	\$1121		CHRONIC RENAL FAILURE	TRAVELERS		ORTO CLM	SUCCESS	0	07/24/92
07/16/92	Shulman, Fred		ALBANY	QUINN, LILLY	\$1121		AIDS, UNSPECIFIED	EMPIRE BC/BS		ORTO CLM	SUCCESS	0	07/29/92
01/10/92	Stevens, Diane		ALBANY	QUINN, LILLY	\$1121		CHRONIC RENAL FAILURE	PROFIDENTIAL		P/A	SUCCESS	0	06/16/92
03/26/92	Adler, Thomas		ALBANY	QUINN, LILLY	\$1121		OVARIAN CANCER	MEDICARE		ORTO CLM	SUCCESS	0	07/24/92
03/26/92	Curvel, Stanley		ALBANY	QUINN, LILLY	\$1130		CHRONIC RENAL FAILURE	MEDICARE (EMPIRE BC/BS)		ORTO CLM	SUCCESS	4	07/26/92
07/29/92	Parker, Judith		LONG ISLAND	QUINN, LILLY						ORTO CLM	SUCCESS	0	01/31/92
06/29/92	Reil, Kent		NEW YORK	QUINN, LILLY						ORTO CLM	SUCCESS	0	07/24/92
06/16/92	Prasad, Robert		NEW YORK	QUINN, LILLY						ORTO CLM	SUCCESS	0	07/29/92
07/24/92	Stein, Martin		NEW YORK	QUINN, LILLY						ORTO CLM	SUCCESS	0	06/16/92
07/24/92	Caputo, Thomas		NEW YORK	QUINN, LILLY						P/A	SUCCESS	0	07/24/92
01/31/92	Zaino, Edward		GARDEN CITY	QUINN, JENNIFER						ORTO CLM	SUCCESS	0	07/26/92

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DATE OF CALL	NAME	CITY	STATE	REPRESENTATIVE	SALES	TERITORY	DISBURSE	INVOICE	DATE OF RESOLUTION
01/24/92	CYRUS, Lawrence	NY	NY	MO, JENNIFER	\$1330	ANEMIA		MEDICARE NY PHARMACY SERVICES	03/15/92
01/28/92	Hartley, John	NY	NY	MO, JENNIFER	\$1330	CHRONIC NEPHRITIS		EMPIRE BC/BS	04/23/92
01/15/92	FETTER, James	NY	NY	MO, JENNIFER	\$1330	MULTIPLE MYELOMA		EMPIRE BC/BS	05/15/92
01/03/92	Wolter, Bernard	NY	NY	CHRISTIE, RALPH	\$1332	CHRONIC NEPHRITIS		DER-APPL	01/03/92
01/19/92	Papozzi, Paul	NY	NY	VAL BAKER, MARK	\$1333	CHRONIC NEPHRITIS		DER-APPL	05/15/92
01/26/92	Skilling, Lawrence	WATERBURY	CT	MON, STEWART	\$1200	ATLANTA LIFE AND CAUSALITY		ORIG CLM	02/26/92
02/05/92	Dillon, John	WATERBURY	CT	MON, STEWART	\$1200	COMMUNITY MUTUAL BC/BS		ORIG CLM	02/05/92
02/24/92	Kubochi, Gregory	CANTON	OH	MON, STEWART	\$1200	CHRONIC NEPHRITIS		ORIG CLM	02/25/92
04/16/92	Arsham, Javad	CANTON	OH	MON, STEWART	\$1200	CHRONIC NEPHRITIS		ORIG CLM	04/16/92
05/29/92	Al Jaoude, Javad	CANTON	OH	MON, STEWART	\$1200	CHRONIC NEPHRITIS		ORIG CLM	05/29/92
07/20/92	AT 811M MED CENTER,	CLEVELAND	OH	MON, STEWART	\$1200	CHRONIC NEPHRITIS		ORIG CLM	08/21/92
08/21/92	Kumar, Dwayne	CANTON	OH	MON, STEWART	\$1200	CHRONIC NEPHRITIS		ORIG CLM	08/15/92
08/27/92	Spelman, John	MARSHALL	OH	MON, STEWART	\$1200	DIABETES MELLITUS		ORIG CLM	08/27/92
09/27/92	Reichert, Patrick	DAVIDSON, LIMA	OH	DAVIDSON, LIMA	\$1200	FOREST CITY ENTERPRISE		ORIG CLM	09/27/92
07/06/92	Lubin, Alan	CANTON, LIMA	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	04/16/92
04/14/92	Rey, William	CANTON, LIMA	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	04/16/92
04/29/92	Rey, William	COLUMBUS	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	04/29/92
05/03/92	Robert, Lee	COLUMBUS	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	05/03/92
05/05/92	Rey, William	COLUMBUS	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	05/05/92
02/07/92	Gerard, Henry	LIMA	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	02/26/92
07/01/92	IAEA, DAVID	LIMA	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	07/06/92
08/17/92	Rey, William	COLUMBUS	OH	CANTON, LIMA	\$1720	CHRONIC NEPHRITIS		ORIG CLM	08/17/92
07/02/92	Kemmer, John	TULSA	OK	HALLOWELL, ERIC	\$3122	CHRONIC NEPHRITIS		ORIG CLM	07/06/92
01/28/92	Kemper, Thomas	TULSA	OK	HALLOWELL, ERIC	\$3122	CHRONIC NEPHRITIS		ORIG CLM	01/28/92
05/19/92	von Hartlach, Barry	TULSA	OK	HALLOWELL, ERIC	\$3122	CHRONIC NEPHRITIS		ORIG CLM	05/19/92
03/01/92	Stor, Richard	SALEM	OR	WEST, DAVID	\$3324	CHRONIC NEPHRITIS		ORIG CLM	03/02/92
03/01/92	Stor, Richard	SPRINGFIELD	OR	WEST, DAVID	\$3324	CHRONIC NEPHRITIS		ORIG CLM	03/01/92
04/27/92	Sabatti, Darlene	HOVERPORT	PA	VACANT TERRITORY,		CHRONIC NEPHRITIS		MAIL HANDLED	04/27/92
01/23/92	rotti, Francis	ENTE	PA	CLIST, ROB	\$1220	DIABETES MELLITUS		P/A	03/13/92
02/14/92	Robert	ELWOOD CITY	PA	SHIMROCK, ELIZABETH	\$1225	DIABETES MELLITUS		ORIG CLM	02/14/92

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DATE OF CALL	NAME OF CALLER	FIRM	SALES REPRESENTATIVE	STATE	OFFICE PROCTERLINE	TERRITORY	DIAGNOSIS	INSURER	CURRENT STATUS	LAST TIME	DATE OF TERMINATION	
											ORIGINAL STATUS	DATE
05/24/92	Marliden, Anthony	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHARIAN CANCER	IC WESTERN PA	ORIG CLM	SUCCESS	2	05/22/92	07/04/92
07/19/92	Chiaw, Carmen	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	MEDICAO	ORIG CLM	SUCCESS	5	06/18/92	06/18/92
08/18/92	Leppert, J.	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	ASTRA LIFE AND CASUALTY	ORIG CLM	SUCCESS	0	08/03/92	08/03/92
08/03/92	Seiff, Janet	GREENSBURG	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	MEDICARE/TRAVELERS RD	ORIG CLM	SUCCESS	0	05/29/92	05/29/92
05/29/92	OHEALY, VPILE	LATROBE	SWINSHOCK, ELIZABETH	PA		BLEAST CANCER	MEDICARE	ORIG CLM	SUCCESS	49	07/30/92	07/30/92
06/11/92	Univetron Hospital, #	UNIVERSITY HOSPITAL, RI	SWINSHOCK, ELIZABETH	PA		MULTIPLE MYELOMA	MEDICARE	ORIG CLM	SUCCESS	0	06/26/92	06/26/92
08/26/92	Wells, Rita	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	06/15/92	06/15/92
08/15/92	WHEAT, WILLIAM	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	TRAVELERS	ORIG CLM	SUCCESS	1	07/23/92	07/23/92
07/24/92	McAll, Rita	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	06/19/92	06/19/92
08/19/92	Grilick, Michael	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	BC WESTERN PA	ORIG CLM	SUCCESS	1	08/25/92	08/25/92
08/24/92	Adler, Robert	PITTSBURGH	SWINSHOCK, ELIZABETH	PA		NEUROSCLEROPSIS	MEDICARE	ORIG CLM	SUCCESS	0	08/24/92	08/24/92
08/24/92	Shattuck, Robert	BRADDOCK	SWINSHOCK, ELIZABETH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	07/14/92	07/14/92
07/16/92	Ward, James	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	3	08/20/92	08/20/92
07/17/92	Lavin, Tom	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	BC/BS PA	ORIG CLM	SUCCESS	1	07/14/92	07/14/92
07/15/92	Sondler, Samuel	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	BC/BS PA	ORIG CLM	SUCCESS	0	04/02/92	04/02/92
04/12/92	Adler, David	WEST AEDING	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	BC/BS PA	ORIG CLM	SUCCESS	3	06/15/92	06/15/92
05/21/92	Baecher, Harry	LAWNDROME	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	BC WESTERN PA	P/A	SUCCESS	13	02/03/92	02/03/92
05/21/92	Benjamin, Joseph	PHOENIXVILLE	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	FREEDOM HEALTH	ORIG CLM	SUCCESS	8	02/20/92	02/20/92
02/12/92	Schletter, Charles	LAWNDROME	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	INDEPENDENCE BC	P/A	SUCCESS	5	07/26/92	07/26/92
07/23/92	Opti On Care,	WESTCOTTES	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	3	08/31/92	08/31/92
08/20/92	Opti On Care,	MALLEVILLE	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	BC/BS PA	ORIG CLM	SUCCESS	5	04/07/92	04/07/92
08/23/92	Pieratt, Richard	WYOMINGCO	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	INDEPENDENCE BC	ORIG CLM	SUCCESS	7	04/05/92	04/05/92
04/02/92	Silver, Bruce	WYOMINGCO	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	04/16/92	04/16/92
04/02/92	Urlich, Francis	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	03/07/92	03/07/92
04/16/92	Gray, William	LAWNDROME	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	SUCCESS	0	08/24/92	08/24/92
03/09/92	Rehabilitab Assoc.	EXDIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	GREAT WEST	ORIG CLM	SUCCESS	26	07/14/92	07/14/92
08/26/92	Socklin, Nancy	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	INDEPENDENT SYNDROME	ORIG CLM	SUCCESS	26	07/14/92	07/14/92
08/18/92	Rogant, Arthur	PHILADELPHIA	CLO, JOSEPH	PA		CHRONIC NEAL FAILURE	PROVIDENT LIFE AND ACCIDE	P/A	SUCCESS	0	04/04/92	04/04/92
04/08/92	Orst, John	CHARLESTON	DAVIS, NELLIE	SC		RENAL INSUFFICIENCY	PROVIDENT MEDICARE	DAH-APL	SUCCESS	76	07/22/92	07/22/92
05/07/92	Greenville Mem Hosp.	GREENVILLE	DAVIS, NELLIE	SC		HYPOCOPPERPLASTIC SYNDROME	BC/BS PA	P/A	SUCCESS	26	02/11/92	02/11/92
01/16/92	Dabbs, Matthew	LAWRENCEBURG	THOMPSON, DENNIE	TN		CHRONIC NEAL FAILURE	BC/BS TN	DAH-APL	SUCCESS	0	04/12/92	04/12/92
04/23/92	Yenderbilt Univ Hosp.	MURFREESBORO	THOMPSON, DENNIE	TN		CHRONIC NEAL FAILURE	MEDICAO	P/A	SUCCESS	0		

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DATE OF CALL	CALLER	STY	STATE	BENEFICIARY	ORTHO PROVIDER LINE	TERMINITY	DIAGNOSIS	INSURER	PAGE 15	ORIGINAL STATUS	CURRENT STATUS	DATE	DATE OF REBILLION
07/20/92	DeLacour-Stein, F. A.	NOFOLK	VA	WILLIAMS, LISA	51925	CHRONIC RENAL DISEASE	CHAMPIS	OHIO CLINIC	SUCCESS	0	07/22/92	07/24/92	
07/21/92	Holman, Robert	ATLANTIC	VA	WILLIAMS, MARK	51927	UV, UNSPECIFIED	PROFESSIONAL ACTUAL LIFE	OHIO CLINIC	SUCCESS	1	07/16/92	07/16/92	
07/21/92	Vernekaean, S.	NOFOLK	VA	THOMPSON, MARIE	51931	CHRONIC RENAL FAILURE	MEDICAID	P/A	SUCCESS	0	07/16/92	07/16/92	
07/16/92	Watson, Thomas	NOFOLK	VA	THOMPSON, MARIE	51933	CHRONIC RENAL FAILURE	MEDICARE/TRANSPORTA	OHIO CLINIC	SUCCESS	0	06/28/92	06/28/92	
06/24/92	McLeinen, Gregory	OLIVE LA	WA	FORD, MARCHI	51628	CHRONIC RENAL FAILURE	METROPOLITAN	OHIO CLINIC	SUCCESS	2	06/28/92	06/28/92	
06/24/92	McLeinen, Paul	OLIVE LA	WA	WEST, DAVID	51836	CHRONIC RENAL FAILURE	CHAMPIS	OHIO CLINIC	SUCCESS	1	02/13/92	02/13/92	
06/25/92	Reinhardt, Rudolph	LA CROSSE	WI	MARTINEK-SCOTT, BRENDAN	52424	NEUTROBLASTIC SYNDROME	CLINIC MANAGEMENT SERVICES	P/A	SUCCESS	42	02/20/92	05/20/92	
06/25/92	Pavelka, Stephen	LA CROSSE	WI	MARTINEK-SCOTT, BRENDAN	52424	CHRON, GLOMUS/CREPITANS	CUSTOM BENEFIT ADMIN	P/A	SUCCESS	1	03/30/92	03/30/92	
06/19/92	Reich, Macht Clinic,	MADISON	WI	KURKEL, JOSEPH	52821	APLASTIC/REFRACT ARENIA	METROPOLITAN	OHIO CLINIC	SUCCESS	81	06/07/92	06/07/92	
06/17/92	Fond du Lac Clinic,	MADISON	WI	KURKEL, JOSEPH	52821	ANEMIA	MEDICAID	OHIO CLINIC	SUCCESS	51	06/25/92	06/25/92	
06/19/92	Lee, David	LAKE, NEW YORK	NY	LEASKE, KEN, LINDA	51722	MULTIPLE KELDINA	PUBLIC EMPLOYEES INS ADME	OHIO CLINIC	SUCCESS	7	03/11/92	03/11/92	
07/06/92	Chapman, George	WILLIAMS, MARK	WA	WILLIAMS, MARK	51927	CHRONIC RENAL FAILURE	HEC CARE	OHIO CLINIC	SUCCESS	5			

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ID of CALLER	NAME	CITY	STATE	SALES REPRESENTATIVE	CAGING PROCEDURE	JENNY LIGT	DIAGNOSIS	INSURER	ORIGINAL STATUS	CURRENT STATUS	DATE DAY	DATE OF RESOLUTION
1/10/92	Shah, Nader	LA	CA	MARTAS, JR., PHILIP	33220		APLASTIC/NEUTROPENIA ANEMIA	MEDICARE (TRANSAMERICA)	DEA-APPL	DEA-APPL	0	01/20/92
1/10/92	Gordon, Earl	LOS ANGELES	CA	MARTAS, JR., PHILIP	33220		CHRONIC NEAL, FAILURE	MEDICARE (TRANSAMERICA)	DRUG CLM	DEA-APPL	1	01/20/92
1/21/92	Gottlieb, Michael	BEVERLY OAKS	CA	MARTAS, JR., PHILIP	33220		AIDS, UNSPECIFIED	EMPIRE BC/BS	DEA-APPL	DEA-APPL	0	01/21/92
5/13/92	Khatri, Nirmal	SAIN VALLEY	CA	MARTAS, JR., PHILIP	33220		NON-HODGKIN'S LYMPHOMA	METROPOLITAN LIFE	DEA-APPL	DEA-APPL	0	05/15/92
5/26/92	NOHAN, YANNICK	CORINA	CA	URICH, TIMOTHY	33220		CHRONIC NEAL, FAILURE	ALL UNION GLASS PIGMING	DRUG CLM	DEA-APPL	0	06/26/92
6/19/92	Barrenan, Jim	SATELL SKYPS, LA	CA	KOOD, KEITH	33227		MULTIPLE STELEOMA	METROPOLITAN	DRUG CLM	DEA-APPL	11	06/26/92
5/12/92	Beutler, Peter	LOS ANGELES	CA	BEUTLER, SUSAN	33600		CHRON LYMPHOCYTIC LEUK	MEDICARE (TRANSAMERICA)	DEA-APPL	DEA-APPL	79	07/30/92
7/31/92	Chen, Jerry	SAN FRANCISCO	CA	VERMEZ, CHEYL	33621		ANEMIA	CA PACIFIC MEDICAL GROUP	P/A	DEA-APPL	0	07/31/92
15/27/92	Hedman, Richard	DENVER	CO	HILLS, GEORGE	33622		COLON CANCER	MEDICARE	DRUG CLM	DEA-APPL	0	06/16/92
30/04/92	Carmenta, James	ENCLWOOD	CO	HILLS, GEORGE	33622		HIV, UNSPECIFIED	MEDICARE	DRUG CLM	DEA-APPL	0	06/04/92
06/15/92	Dannerhofer, Garfield	MUTAH	CT	KANO, DONALD	51022		MEPHARTIS/HEPATOTIC SYND	DIVERSIFIED AND MARKETPLACE	DRUG CLM	DEA-APPL	0	06/15/92
01/20/92	Stlick, Gary	GREENWICH	CT	ASCHERSON, DEBORAH	51023		AIDS, UNSPECIFIED	PHYSICIANS HEALTH SERVICE	DRUG CLM	DEA-APPL	5	02/04/92
01/21/92	Lifton, Lawrence	WATERTOWN	DC	ATRE, ROBERT	51026		ANEMIA	MEDICARE	DRUG CLM	DEA-APPL	0	01/21/92
01/07/92	DiAngelo, James	WASHINGTON	DC	ATRE, ROBERT	51026		KETOIDYPLASTIC SYNDROME	MEDICARE	DRUG CLM	DEA-APPL	41	01/30/92
02/20/92	Killer, William	NEWMARK	DE	PETREE, DAVID	51020		CHRONIC NEAL, FAILURE	TRI-STATE H&H	DRUG CLM	DEA-APPL	3	02/10/92
03/15/92	Marro, Frank	DOVER	DE	PETREE, DAVID	51020		CHRONIC NEAL, FAILURE	EMPIRE BC/BS	DRUG CLM	DEA-APPL	1	03/17/92
04/20/92	Subbarao, Narthaw	PAHAMA CITY	FL	HANT, LYNN	33250		ANEMIA	MEDICARE	DRUG CLM	DEA-APPL	0	04/20/92
01/15/92	Winston, Bill	MIAMI	FL	MIXSON, BILL, WILLIAM	33210		HUN, UNSPECIFIED	EMPIRE BC/BS	DRUG CLM	DEA-APPL	2	01/17/92
02/19/92	Hammer, Suzanne	ORLANDO	FL	ROJAS, ANDY, PAUL	33211		CHAMIAN CANCER	AMERICAN HERITAGE LIFE	DRUG CLM	DEA-APPL	145	02/05/92
02/15/92	Costume, Thaddeus	GAINESVILLE	FL	ROJAS, ANDY, MARINA	33222		HIV, UNSPECIFIED	MEDICARE	DRUG CLM	DEA-APPL	44	02/20/92
01/15/92	Trotz, Terrance	NORTH MIAMI BEACH	FL	JAHN, SON, MARION	33225		CHRONIC NEAL FAILURE	AETNA LIFE AND CASUALTY	DRUG CLM	DEA-APPL	0	01/15/92
06/04/92	Satoru, Kent	POMPANO BEACH	FL	JAHN, SON, MARION	33225		OVARIAN CANCER	MEDICARE	DRUG CLM	DEA-APPL	0	06/04/92
07/15/92	Ambrata, Roy	ORLANDO	FL	CAMPBELL, RONIN	33226		BREAST CANCER	AMERICAN MEDICAL SECURITY	DRUG CLM	DEA-APPL	5	07/20/92
08/12/92	Horrocks, Rebecca	ALTAMONTE SPRINGS	FL	CAMPBELL, RONIN	33224		APLASTIC/NEUTROPENIA ANEMIA	MEDICARE	DRUG CLM	DEA-APPL	6	08/13/92
08/13/92	Oscala Oceans, C.R.C.,	OCALA	FL	CATIZ-TORRES, CARLOS	33237		LUNG CANCER	MEDICARE	DRUG CLM	DEA-APPL	0	08/13/92
03/28/92	Unsalay, William	ATLANTA	GA	SCOTT, LECIA	33225		MULTIPLE MYELOMA	KAISEN PERMANENTE	P/A	DEA-APPL	0	03/28/92
05/26/92	Levert, Norman	NEWORL	FL	LEBAR, CYNTHIA	33223		MULTIPLE MYELOMA	KAISEN PERMANENTE	P/A	DEA-APPL	0	05/26/92

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DATE OF CALL	CALLER	CITY	STATE	REPRESENTATIVE	COUNTRY	DIAGNOSIS	INSURER	PAGE 2		DATE OF REACTIONS
								ORIGINAL STATUS	CURRENT STATUS	
05/12/92	Univ of IA Hospital, 08/11/92 Del, Lorraine	IDA CITY	IA	MARTIN, BISHOP	\$2627	CHRONIC NEAL FAILURE CHRONIC NEAL FAILURE	TRAVELERS MEDICARE	ORIG CLM	DENIED	04/01/92 08/11/92
01/10/92	Frances, Catherine	CHICAGO	IL	CHERRY, PETER	\$2421	AIDS, UNSPECIFIED CHRONIC NEAL FAILURE	JL. MASONIC COMM HLT PLAN MEDICARE	ORIG CLM	DENIED	01/15/92 03/02/92
02/27/92	Krebs, Sheldon	OAK PARK	IL	CHERRY, PETER	\$2421	CHRONIC NEAL FAILURE	MEDICARE	ORIG CLM	DENIED	03/02/92
05/19/92	Curry, Robert	Kinston	NC	SHALL, BRIAN	\$1020	PROSTATE CANCER CHRONIC NEAL FAILURE	MEDICARE	DEN-APPL ORIG CLM	DENIED	05/29/92 01/15/92
01/10/92	Allerton, Jeff	Kinston	NC	BOND, ANA MARIA	\$2126	MULTIPLE MYELOMA	MEDICARE (PA #2)	ORIG CLM	DENIED	01/15/92
06/28/92	MILLER, KENNETH	OLNEY	IL	WILLIAMS, NELK	\$1627	HYPOGLOBULINEMIC ANEMIA	SC/BS HI	F/A	DENIED	07/02/92
07/15/92	Callings, Margarita	ROCHESTER HILLS	MI	MITCHELL, JAMES	\$2423	HYPOGLOBULINEMIC ANEMIA	SC/BS HI	F/A	DENIED	07/20/92
01/15/92	Borchardt, Mark	KINNEAPOLIS	ME	SCOTT, BRENDA	\$2420	POLYCYTIC KIDNEY	SC/BS IA	ORIG CLM	DENIED	01/15/92
08/28/92	Pendergrasses, Kelly	YANKEE CITY	MD	WAGEM, R. LANCE	\$3121	HYPOGLOBULINEMIC ANEMIA ANEMIA	PROVIDENCE MEDICARE (GEN. AMERICAN)	ORIG CLM	DENIED	08/28/92
05/29/92	Lunde, Dan	ST. CHARLES	MD	BLAKEYTER, BARBARA	\$3324	ANEMIA ACUTE MYELOID LEUKEMIA	SC/BS OF MD LANDAU & ASSOCIATES	ORIG CLM	DENIED	08/23/92
07/02/92	Lunde, Dan	ST. CHARLES	MD	BLAKEYTER, BARBARA	\$3324	ANEMIA	SC/BS OF MD LANDAU & ASSOCIATES	DEN-APPL F/A	DENIED	07/20/92
07/24/92	Brown, Randy	ST. LOUIS	MD	BLAKEYTER, BARBARA	\$3124	ANEMIA	SC/BS OF MD LANDAU & ASSOCIATES	DEN-APPL F/A	DENIED	07/24/92
08/27/92	Hochberg, Harold	JACKSON	MD	HABET, LYNNIE	\$2050	ANEMIA	SC/BS OF MD LANDAU & ASSOCIATES	ORIG CLM	DENIED	08/27/92
07/07/92	Block, Brad	LIBBY	MT	DEBELAK, KITTY, RPN, SHARON	\$5326	CHRONIC NEAL FAILURE	AMERICAN NATIONAL	ORIG CLM	DENIED	07/10/92
06/10/92	Berry, William	RALEIGH	NC	WILLIAMS, PHIL	\$2405	LYMPHOMA	MEDICARE	ORIG CLM	DENIED	06/05/92
09/21/92	De Castro, Carlos	DURHAM	NC	WILLIAMS, PHIL	\$2400	APLASTIC/INFECT ANEMIA	BANKERS LIFE	F/A	DENIED	09/21/92
08/25/92	BETI, ALLAN	LINCOLN	NE	CLARK, MARK	\$2326	HYPOGLOBULINEMIC ANEMIA	MEDICARE	DEN-APPL ORIG CLM	DENIED	08/25/92
05/03/92	Li, Yvonne	SCOTT ORANGE	WY	SINGHERA, MARINA	\$1100	KILOFIBROSIS	U.S. HEALTH CARE	ORIG CLM	DENIED	03/04/92
08/05/92	Kallisch, Merle	ASHLAND PARK	IL	GUINDI, JOSE	\$1322	AIDS, UNSPECIFIED	DOD MED	ORIG CLM	DENIED	08/05/92
07/08/92	Matthews, Mark	NEW BRUNSWICK	NJ	MAJIA, WANG	\$1521	CHRONIC NEAL FAILURE	HIP-KNOTERS MED. PLAN	ORIG CLM	DENIED	07/08/92
05/26/92	Johansen, Kersida	MOUNTAINSIDE	NJ	MAJIA, WANG	\$1521	KILOFIBROSIS	HIP-KNOTERS MED. PLAN	ORIG CLM	DENIED	05/26/92
02/07/92	Shah, Horiah	WYOMING	WY	LIGGETT, PHIL	\$1522	APLASTIC/INFECT ANEMIA	MEDICARE	ORIG CLM	DENIED	02/07/92

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DATE OF CALL	CALLER	CITY	STATE	SALES REPRESENTATIVE	DURING PRECINCT LINE	TERRITORY	DIAGNOSIS	INSURER	ORIGINAL STATUS	CURRENT STATUS	DAYS	DATE OF RESOLUTION
05/07/92	1 FINGER, DEV	BATON ROUGE	LA	LUQUET, PHIL	51522		INFECTOSPLASTIC SYNDROME	ONCO CLIN	DENIED	117	09/01/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51523		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51524		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51525		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51526		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51527		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51528		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Gutkin, Michael	LIVINGTON	LA	RYBAK, DAVID	51529		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	04/20/92	
05/20/92	Hale, Maricela	FORT ST. MARY	NY	FERGUSON, KEVIN	51029		AMERIA	ONCO CLIN	DENIED	1	08/04/92	
05/09/92	Landau, Stuart	SEAFORD	NY	BLUMBERG, MARY	51100		COLON CANCER	P/A	DENIED	0	06/09/92	
05/04/92	Luc Fender, Anthony	PLAINVIEW	NY	KIGGUN, CHRISTOPHER	51120		CHARTIAN CANCER	ONCO CLIN	DENIED	0	06/04/92	
05/10/92	Visiting Nurse Asso.,	PLAINVIEW	NY	OTTOCK, CHRISTOPHER	51121		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	1	06/09/92	
05/12/92	Manlit, Rose	BUFFALO	NY	QUINT, ROB	51122		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	02/12/92	
05/12/92	Dillon, Stephen	BELT YORK	NY	QUINN, LALLY	51123		HIV, UNSPECIFIED	ONCO CLIN	DENIED	1	01/23/92	
05/12/92	Rochester, Howard	NEW YORK	NY	QUINN, LALLY	51321		ATOS, UNSPECIFIED	ONCO CLIN	DENIED	0	06/29/92	
05/22/92	Director Hospital	COLUMBUS	OH	POHL, STUART	51200		SICKLE CELL ANEMIA	ONCO CLIN	DENIED	0	05/22/92	
05/27/92	Doctor's Hospital,	COLUMBUS	OH	POHL, STUART	51201		NEUPLASM, UTERUS	P/A	DENIED	0	05/27/92	
05/25/92	Doctor's Hospital,	COLUMBUS	OH	POHL, STUART	51202		HEALTH OHIO	P/A	DENIED	0	05/25/92	
05/31/92	Santolini, David	COLUMBUS	OH	POHL, STUART	51203		ATROPHOSPASTIC SYNDROME	ONCO CLIN	DENIED	23	06/23/92	
05/25/92	Dearine, Harry Pat	COLUMBUS	OH	POHL, STUART	51204		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	0	05/25/92	
05/25/92	Roberts, Sean	COLUMBUS	OH	POHL, STUART	51205		PNP OF CENTRAL OHIO	P/A	DENIED	0	05/25/92	
05/21/92	Paruszewich, Eli	TOLEDO	OH	POHL, STUART	51206		SICKLE CELL ANEMIA	ONCO CLIN	DENIED	0	03/11/92	
05/15/92	Sinatra, Gordon	TOLEDO	OH	MITCHELL, JAMES	52423		DIAMETER HELLIPIT	ONCO CLIN	DENIED	29	06/13/92	
05/20/92	Uciden, Ramel	PITTSBURGH	PA	ROTHISON, JULIAN	51223		AIDS, UNSPECIFIED	CAUTER	DENIED	6	06/26/92	
05/02/92	21618, Jolita	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		APLASTIC/PERFECT ANEMIA	ONCO CLIN	DENIED	150	07/15/92	
05/08/92	Jefferson, James, Phar., R	JEFFERSON	PA	SHINNICK, ELIZABETH	51225		NEOPLASM, UNKNOWN	P/A	DENIED	46	06/23/92	
05/15/92	WINTER, WILLIAM	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		WALLERSTROM'S DISEASE	ONCO CLIN	DENIED	31	07/15/92	
05/12/92	Klein, Matthew	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		ALERIA	ONCO CLIN	DENIED	1	06/13/92	
04/23/92	Lee, Harry	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		CHRONIC RENAL FAILURE	ONCO CLIN	DENIED	1	06/24/92	
01/28/92	Lipai, N.J.	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		ALERIA	ONCO CLIN	DENIED	48	03/16/92	
05/16/92	Pickens, Peter	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		ATROPHOSPASTIC SYNDROME	ONCO CLIN	DENIED	0	06/16/92	
05/18/92	Falchuk, Arthur	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		CHRONIC LYMPHOCYTIC LEUK	ONCO CLIN	DENIED	0	06/18/92	
07/14/92	Rever, Alan	PITTSBURGH	PA	SHINNICK, ELIZABETH	51225		GREATER ATLANTIC HLTN PNL	ONCO CLIN	DENIED	2	07/14/92	

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DATE OF CALL	CALLER	CITY	STATE	REFERRAL/OUTPATIENT	DIAGNOSIS	INSURER	ORIGINAL STATUS	CURRENT STATUS	DATE OF RESOLUTION
06/17/92	DE GREEN, PETER	LANCASTER	PA	GOOD, PORIS	51525	multiple myeloma lung cancer	MEDICARE MEDICARE	DEN-APPL DEN-APPL	06/17/92 06/17/92
06/17/92	DE GREEN, PETER	LANCASTER	PA	GOOD, PORIS	51525	breast cancer	MEDICARE	DENIED	0
05/25/92	Carter Cancer T/les.	COLUMBIA	SC	SEXTON, THOMAS	52426	CHRONIC RENAL FAILURE	ORTO CLM	DENIED	05/25/92
04/20/92	Yardwalle, Kathleen	ABERDEEN	SD	RELOCOS, JR, CLYDE	53123	AIDS, UNSPECIFIED	F/A	DENIED	04/20/92
07/19/92	CASENAK, CAROLYN	HOUSTON	TX	WHITE, DAN	52900	DIABETES MELLITUS LEMENIA, UNSPECIFIED	AETNA UNION FIDELITY LIFE INS. PRICARE CENTRAL STATES H&W FUND	DENIED	07/15/92
07/08/92	Rodolfo, Fernando	EL PASO	TX	SCALAN, JR, CAROLIE	52922	HIV, UNSPECIFIED	ORTG CLM	DENIED	05/16/92
06/07/92	NULL, JAMES	ALBION	TX	ROBLET, INC	52922	BRAIN CANCER	ORTG CLM	DENIED	06/07/92
06/16/92	ESTEBANCAZ, P	DALLAS	TX	CALAMAY, DAVID	53120	CHESTERTFIELD RESOURCES	DEB-APPL	DENIED	06/16/92
06/11/92	Hoover, Michael	DALLAS	TX	BIRGER, KIMBERLY	53126	THROMBOCYTHYMIA	F/A	DENIED	06/11/92
02/04/92	Anthony, Scott	DALLAS	TX	RINGER, KIMBERLY	53126	AIDS, UNSPECIFIED	NATIONAL FINANCE INC.	DENIED	02/04/92
06/08/92	Allen, Brady	DALLAS	TX	RINGER, KIMBERLY	53126	AIDS, UNSPECIFIED	ORTG CLM	DENIED	06/07/92
07/10/92	Blanchard, Debra	DALLAS	TX	ATKINS, STONEY	53126	CENTRAL STATES H&W FUND	ORTG CLM	DENIED	12
08/14/92	McCay Bee Home Care,	DODGE	UT	BARTON, MICHAEL	53820	CHRONIC RENAL FAILURE	ORTG CLM	DENIED	07/22/92
03/11/92	Kelce, Richard	EDMONDS	WA	HANK, PAUL	53923	WELDOPH THERAPEUTIVE GROUP	ORTG CLM	DENIED	03/10/92
03/16/92	TERRELIS, LAWRENCE	MARLBOROUGH	VI	KORNEL, JOSEPH	52021	ANEMIA	F/A	DENIED	03/07/92
03/06/92	Chapman, George	MARLBOROUGH	VI	WILLIAMS, MARC	51927	CHRONIC RENAL FAILURE	PRICARE	ORTG CLM	03/01/92

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FINANCIAL ASSISTANCE PROGRAM (FAP™)

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FINANCIAL ASSISTANCE PROGRAM (FAP)

USAGE SUMMARY

- 1991: 235 PATIENTS ON FAP
- JANUARY - JULY 1992: ALREADY 301 PATIENTS ON FAP!
- \$1,987,200 FREE PROCRIT PROVIDED THROUGH FAP
- 833 Application have been received since program inception
 - 69% were approved
 - 31% were denied
- Of the 258 denials:
 - 79% due to insurance coverage
 - 21% due to excess income

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FINANCIAL ASSISTANCE PROGRAM

PROCEDURES

- 1) FAP reviews application immediately upon receipt.
- 2) If insured, will pass on to PROCRITline to assist with reimbursement opportunities. If uninsured, less than \$30,000 income and little savings/assets, patient is qualified. (Patients are allowed to own a home.)
- 3) FAP will explore publically funded programs that patient may be eligible for (i.e., State AIDS Drug Assistance Plans, EPIC for elderly in NY). If the program requires form enrollment and fees, the patient may decline to enroll. If so, FAP will supply ongoing free PROCRIT therapy. If they do enroll, FAP will supply free PROCRIT therapy until the other insurance program is in place.
- 4) If uninsured and income is greater than \$30,000, FAP will review the application further. If unusual or insurmountable difficulties are involved, exception may be made and patient may be eligible for free PROCRIT.
- 5) Eligible patients will receive 60 days of therapy shipped to the physician.
- 6) Prior to the end of the 60-day period, FAP will contact the office to determine status of the patient (Is the patient still on PROCRIT? Has the dose changed?)
- 7) If appropriate, FAP will arrange for another 60 day therapy to be shipped to the physician.
- 8) If patient depletes the 60-day supply prior to FAP calling due to dosing changes, the physician should contact FAP to notify them of the dosing change and request additional drug.
- 9) Patient must be re-qualified every 6 months.
- 10) It is important that you do not present a set income level as one of the criteria for eligibility as this may deter physicians from utilizing the program.

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FINANCIAL ASSISTANCE PROGRAM

STRATEGY

This program should be positioned differently with each type of customer to fit their needs. The following are benefits to the different customer groups that should be pointed out in your presentations:

- **Physicians/Nurses**
 - Provides free treatment to uninsured patients
 - Enables their patients to receive needed treatment regardless of insurance status
- **Hospital Pharmacists**
 - Patients admitted to hospital can use free PROCRIT from FAP instead of hospital inventory --> decreases pharmacy and hospital cost
 - Public hospitals required to provide treatment to patients regardless of insurance status can have these patients enrolled in FAP --> decreases pharmacy and hospital cost
- **Home Health Care**
 - Allows them to accept uninsured patients for treatment as added service to their physicians
- **Do not use set income criteria in presentations**

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FINANCIAL ASSISTANCE PROGRAM (FAP)

QUESTIONS & ANSWERS

Q. What are the criteria for eligibility?

A. The only strict criteria is that the patient is uninsured and is non-dialysis. As far as income is concerned, there is no strict criteria. \$30,000 is used as a reference point. If patients earn over \$30,000, he/she is not automatically denied. FAP reviews all the circumstances surrounding the case. If there are unusual or insurmountable difficulties involved, exceptions may be made.

For this reason, you should not quote any income criteria when presenting this program. Stating a figure may seem exclusionary and may deter physicians from utilizing this program.

Q. Most hospitals do not allow patients to bring in drug. How can a FAP patient get PROCRIT when he is in the hospital?

A. If a patient is admitted, the physician can arrange to have a supply of PROCRIT shipped to the hospital for the patient. Thus, the patient does not withdraw drug from the hospital pharmacy inventory, resulting in cost savings for the pharmacy. The same arrangement can be made with home health care agencies. If an HHC is administering the drug and the physician wants it shipped to the HHC, he can note that on the application.

Q. What is the process and how long does it take for a decision on the application?

A. FAP applications are reviewed as soon as it is received. If there is an insurer listed, FAP will get PROCRITline involved to try to obtain reimbursement through the insurer. (Note in the FAP Summary that 74% of the denied cases were due to insurance coverage.) If a patient qualifies and there is no insurance listed, FAP will investigate as to whether there are any publicly funded programs available, such as AIDS Drug Assistance Plan (ADAP) in New York, PACE in Pennsylvania, etc. If so, FAP will call the office to inform them and the patient of this availability. If the program requires enrollment fees, the office or patient may decline to apply, in which case FAP will provide free drug for this patient. If the program is free, they are directed to use that program.

The physician receives notification within two weeks of receipt of application. FAP will also notify the appropriate Product Specialist via Voice Mail. Drug is then shipped within a week of decision.

If there is a special need for quicker turn-around, please call Bruce Williams or Jennifer Ng and they can have Pracon expedite the case and have a decision within a week. However, such situations should be exceptions.

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COST SHARING PROGRAM (CSP)

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COST SHARING PROGRAM (CSP)

USAGE SUMMARY

- **32 CLAIMS FOR 1991**
- **1991 DISBURSEMENTS: \$40,664**
 - INSURANCE COMPANY - 34%
 - PATIENT - 31%
 - PHARMACIES - 16%
 - HMO - 6%
 - PHYSICIANS - 6 %
 - HOSPITAL - 3%
 - EMPLOYER/SELF INSURED FUND - 3%
- **5 CLAIMS FOR 1992 RECEIVED ALREADY**

* Note: Claims were expected to be low for 1991, the first year of product launch. Programs were not widely known until later in the year resulting in less patients on drug long enough to reach cap. Full utilization in 1992 will not be known until late 1993 since claims can be filed up to 12 months after the year of use.

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COST SHARING PROGRAM (CSP)

ENHANCEMENTS

- REIMBURSEMENT RATE INCREASED FROM NET COST TO DISTRIBUTOR (NCD) + 10% TO AWP
- CALCULATION RATE FOR CAP INCREASED FROM NCD + 10% TO AWP
- CAP REMAINS \$8,500
- PATIENTS REACH CAP EARLIER!

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COST SHARING PROGRAM (CSP)

CALCULATIONS

All calculations are now based on AWP. To calculate cap levels, we must first take a look at the AWP values for each strength:

- AWP VALUES ARE AS FOLLOWS:
 - 10,000 U/mL = \$114.00/vial
 - 4,000 U/mL = \$ 48.00/vial
 - 3,000 U/mL = \$ 36.00/vial
 - 2,000 U/mL = \$ 24.00/vial

For a patient on 10,000 Unit vials, calculations are:

- \$8,500 Cap ÷ \$114 AWP per vial = 74.56 vials (or 746,000 Units) --> 75 vials
 - * Patient on 10,000 Unit vials will reach cap after 75 vials
 - * Patient on 10,000 U/mL T.I.W. will reach cap in 25 weeks:
75 vials ÷ 3 vial/week = 25 weeks

For a patient on 4,000 U vials, calculations are:

- \$8,500 Cap ÷ \$ 48 AWP per vial = 177 vials (708,000 Units)
 - * Patient on 4,000 Unit vials will reach cap after 177 vials
 - * Patient of 8,000 U TIW (2 vials of 4,000 U/mL) will reach cap in 29 weeks:
177 vials ÷ 6 vials/week = 29 weeks

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COST SHARING PROGRAM

STRATEGY

This program can benefit many different customer groups. When presenting the Cost Sharing Program, be sure to include the following benefits for each group:

- **Physicians/Nurses**
 - Offsets cost to their patients; drug is more affordable --> greater compliance
 - Encourages insurers to reimburse knowing they have a limited liability
 - Physicians eligible for 20% co-pay reimbursement
- **Hospital Pharmacists**
 - Maintaining PROCRIT as the brand allows patient to reach cap --> offsets cost to patient, insurer, and community (taxpayers)
 - Hospitals also eligible for 20% co-pay reimbursement
- **HMOs**
 - Limits their reimbursement liability per patient
- **Retail Pharmacies**
 - Eligible for co-pay reimbursement
 - For patients on limited drug plans, CSP frees up funds for other needed drug therapies
- **Patients**
 - Guaranteed not to pay more than \$8,500 (AWP) per calendar year
 - Eligible for co-pay reimbursement
 - For patients on limited drug plans, CSP frees up funds for other needed drug therapies
- **General Public/Community**
 - Eases burden on public health costs
 - Reimbursement to Medicare/Medicaid and other public insurance programs --> lower cost to taxpayers

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COST SHARING PROGRAM

QUESTIONS & ANSWERS

Q. How does the new AWP-based calculations change the cap and how is this calculated?

A. The cap will remain the same -- at \$8,500. The cap amount of \$8,500 and reimbursement rate are both based on AWP. Calculations are included in previous pages for your background information only. You should not get involved in calculations with customers. If they have any questions or need help in determining a patient's status regarding the cap, they should call the CSP 800 #. By getting involved with numbers and calculations, you can lose focus of your objective of presenting the benefits of the program and the importance of using PROCRIT only for nondialysis patients.

Q. What is the best way to have physicians utilize this program?

A. Leave a supply of brochures for the office and instruct them to hand one out to patients as soon as PROCRIT therapy is initiated. The patient will then know about this program and have an 800 # to contact. If patients call to receive the CSP Folder (containing claim forms, "Notice to Claims Processor" orange sticker, magnet, and rolodex card), they can assist us by informing their insurers about this program. This should encourage insurers to reimburse patients, knowing that their liability is capped, and should also influence them to "prefer" PROCRIT over the other brand.

Q. How long does it take to pay a claim?

A. If a claim is received with complete documentation (receipts, billing records, etc.), CSP can pay the claim within 2 weeks. The process is that upon receipt of a claim, they contact all parties involved in a case to confirm quantity used and to ensure that PROCRIT was the brand dispensed.

Q. When should the patient, physician, or other potential beneficiaries call CSP?

A. The office should instruct the patient to call as soon as possible, preferably upon initiation of PROCRIT therapy, so that they can receive all the forms up front. This will let them know what is needed to complete the claims form and ensure that they are tracking their usage. The folder also serves as a place to retain all receipts. All potential beneficiaries are encouraged to call as questions arise. However, claims should not be submitted until after the cap is met. It is preferable to receive all claims at once at the end of the year. However, CSP will process all claims as they are received. For cash flow purposes, it is understandable that claims may be submitted more frequently.

Q. How can a hospital, pharmacy, physician, or patient benefit from CSP?

A. Insurers often cover only 80% of the cost. The remaining 20% is covered by a secondary insurer, if applicable. Otherwise, the patient, hospital, pharmacy or physician pays the 20%.

The party paying the 20% co-pay is eligible for 20% of the Cost Sharing reimbursement for the amount over the cap.

Example: The expenditures for Patient Anne E. Mia is \$10,500 (based on AWP) in a calendar year. The total eligible reimbursement for Anne is \$2,000. The insurer paid 80% and Dr. Goodheart carried the other 20%. The insurer is due \$1,600, which is 80% of \$2,000. Dr. Goodheart is due \$400, which is 20% of \$2,000.

The Cost Sharing Program Summary (following this section), lists the categories of claimants so far. You can see that the beneficiaries (under "Submitter" column) were 3rd Party Insurers, HMOs, patients, pharmacies, and physicians. The only requirement is that each party eligible for reimbursement must fill out a claim. If both the insurer and patient are eligible for reimbursement, they must both submit a claim. The patient will not automatically receive his 20% just because the insurer submitted a claim.

Q. How can a hospital benefit from this program?

A. A hospital can benefit if they picked up the cost for the co-pay. However, it is generally difficult for a hospital to realize these benefits because they usually can not track a patient's total usage. Unless the patient receives all his PROCERIT from the hospital pharmacy, the only way a hospital would know if a patient reached the cap is if the patient informed the hospital. The hospital would then have to submit a claim to obtain reimbursement. Unfortunately, this is logically difficult so hospitals have not generally been able to benefit as much as other customer types have. However, if they are able to track usage and submit claims, they are certainly eligible.

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COST SHARING PROGRAM

REIMBURSEMENT SUMMARY

January 1992 - August 1992

Product Specialist	Physician	Physician Address	Submitter	Date	Amount
Dennis Dursø	Mark Daughtry	1780 Nicholasville Road #603 Lexington, KY 40503 (606) 277-4005	BC/BS of Kentucky	1/6/92 2/19/92	\$3,762.00 4,389.00
Mark Van Buren	Lorraine Nardi	160 Union Street Poughkeepsie, NY 12601 (914) 471-2800	Community Health Plan	2/5/92 4/2/92	3,103.65 1,463.00
Paul Rowland	Steven Ornman	901 S. Tamiami Trail Venice, FL 34285 (813) 484-3531	Patient	2/5/92	877.80
Mary Tidd	Robert Winters	2001 Santa Monica Boulevard, Suite 1285 Santa Monica, CA 90404 (310) 828-5525	Aetna Health Plans	2/19/92	773.20
Cynthia Kubas	David McEwan	550 S. Beretania Street Honolulu, HI 96813 (808) 537-2211	Hawaii Medical Services Association	3/13/92	1,228.92
David Callaway	Richard Olson	3514 Cedar Springs Road Dallas, TX 75219 (214) 520-1810	Pruco of Texas	4/2/92	4,901.05

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Product Specialist	Physician	Physician Address	Submitter	Date	Amount
William Mixson, III	Leonard A. Kalman	7231 S.W. 63rd Avenue Miami, FL 33143 (305) 666-3341	Patient	5/6/92	282.15
Phillip Nastasi, Jr.	Eugene Rogolsky	4849 Van Nuys Boulevard, Suite 220 Sherman Oaks, CA 91403 (213) 872-0861	Ad-R Pharmacy	5/13/92	1,406.99
Terence Gibney	Steve Miles	200 UCLA Medical Plaza Los Angeles, CA 90024 (213) 794-1274	Ad-R Pharmacy	5/15/92	231.36
Michael Vonn Williams	Gordon Crofoot	7737 Southwest Freeway, #725 Houston, TX 77074 (713) 995-6866	Dr. Aziz Professional Pharmacy	5/29/92	10,094.70
Jeannie Bell	F. Cole Wolford	3280 Howell Mill Road Atlanta, GA 30327 (404) 350-5776	Time Insurance Company	5/29/92	3,417.15
Craig Phillips	Dr. Rosenstock	190 JFK Circle, Suite 103 Atlantis, FL 33462 (407) 965-1864	Hematology/Oncology Associates	7/23/92	1,208.02
Joseph Guidi	Steven Fruchtmann	19 E. 98th Street New York, NY 10029 (212) 289-3466	Patient	8/25/92	3,217.57

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COST SHARING PROGRAM

CLAIM DENIAL SUMMARY
EPOGEN USAGE

January 1992 - August 1992

<i>Product Specialist</i>	<i>Physician</i>	<i>Physician Address</i>	<i>Submitter</i>
Carlos Ortiz-Torres	Thomas Cartwright	2725 Maricamp Road Ocala, FL 32671 (904) 732-4032	Bitting Pharmacy
William Mixson, III	Paula Sparti	7000 S.W. 62nd Avenue, #650 South Miami, FL 33143-4715 (305) 661-1150	The Principal Financial Group
John Russell	Brian Copple	308 E. Hawaii Nampa, ID 83686 (208) 463-6030	BC of Idaho

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REIMBURSEMENT ASSURANCE PROGRAM

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REIMBURSEMENT ASSURANCE PROGRAM
USAGE SUMMARY

PRIOR TO REIMBURSEMENT ASSURANCE PROGRAM.

- AVERAGE 270 CALLS PER MONTH TO PROCRTLINE
- AVERAGE 180 CASES PER MONTH

SINCE REIMBURSEMENT ASSURANCE PROGRAM (MAY 1):

- AVERAGE 513 CALLS PER MONTH = 90% INCREASE IN CALLS
- AVERAGE 343 CASES PER MONTH = 91% INCREASE IN CASES

AS OF AUGUST 30, 1992:

- 77 SUCCESSES (OF WHICH 38 WERE MEDICARE SUCCESSES)
- 10 DENIALS (OF WHICH 8 WERE MEDICARE)
- 259 PENDING

* Reimbursement Assurance Program Summary Report can be found at the back of this section.

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REIMBURSEMENT ASSURANCE PROGRAM

PROCEDURES

- 1) Customer calls for application. Reimbursement Assurance Program representatives offers to send application and informs them of the Medicare process and the potential time requirements. Application is sent with a letter restating Medicare time requirements.
- 2) Reimbursement Assurance Program representatives reviews application immediately upon receipt of written or verbal enrollment.
- 3) PROCRITline assists customer with initial claims and contact insurers if required.
- 4) 45 days after enrollment, program representative calls the customer to determine status of claims.
- 5) If denied, PROCRITline will assist with the appeals process.
- 6) 45 days later, representative contacts customer to determine status of appeals.
- 7) If appeal is denied, customer is instructed to submit proper forms and documentation for replacement drug.
- 8) Upon receipt of required documentation, letter is sent within 7 days notifying the customer that replacement drug will be shipped within 2 weeks.

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REIMBURSEMENT ASSURANCE PROGRAM

STRATEGY

- USE WITH ALL PURCHASING PHYSICIAN OFFICES AND HOME HEALTH CARE ORGANIZATIONS:
 - Customer can start patients based on medical need and not reimbursement status
 - Customer is assured to recoup any losses through replacement product
 - Customer gains comfort in obtaining reimbursement through our assistance
- USE WITH CUSTOMERS FOR ON-LABEL INDICATIONS:
 - Customer gains comfort in using PROCRIT through successful experience with reimbursement
 - Customer gains awareness of and experience with Ortho Biotech reimbursement services
- PROCRIT IS THE ONLY PRODUCT TO PROVIDE SUCH GUARANTEES FOR NON-DIALYSIS USE

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REIMBURSEMENT ASSURANCE PROGRAM

QUESTIONS & ANSWERS

Q. To offer a truly risk-free guarantee program, can we provide free PROCRIT up front or on consignment so that physician offices can start the reimbursement process without having to pay for drug?

A. As you may know, Medicare does not prior approve therapies. Instead, they require that the drug be purchased and the service rendered in order for a claim for reimbursement be filed. We understand that customers would be more willing to start PROCRIT therapy if they were given the drug free up front. However, it would be legally risky for us to do this.

Obtaining free drug and then submitting claims would be asking for reimbursement for something they never paid for. This would be committing insurance fraud. If we provided the free drug and assisted with the claims, we would be accomplices in this illegal activity. Therefore, we will not be offering such a program.

Q. Medicare often takes a long time to decide a case. Physicians end up extending many thousands of dollars before the Reimbursement Assurance Program replace drug. Why can't we replace drug after the first denial for Medicare cases?

A. The reason we do not offer such a service is because approximately 65% of the claims are approved upon appeal. Often, the initial claim denial is due to a clerical error or misunderstanding. Upon appeal, it can be resolved successfully. If we were to replace drug upon first denial without requiring an appeals process, we would be needlessly replacing drug for approximately 65% of cases that would have received approval upon appeal.

IMPORTANT: This program may not be appropriate for all physician. You need to select the appropriate targets to offer this program. Physicians with many PROCRIT candidates would be a good target because if a patient is denied reimbursement and we provide replacement PROCRIT, the physician could use it on another patient who is reimbursable and recoup his/her costs.

Physicians with many candidates may also be receiving reimbursement for other patients which would help the cash flow.

Physicians with **only** Medicare candidates may not be good targets. Since it may take anywhere from 2 to 5 months for Medicare to complete the required process, some offices may not be able to bear the expense for the time period. Therefore, you need to let them know the potential time requirement up front. If they understand the time and financial outlay required, they can make the decision that is right for their practice.

Q. Can we reimburse with cash instead of product?

A. If we were to reimburse with cash, this program would be extremely costly to manage and we would not be able to offer this on a widespread scale. You would be limited to the number of accounts you can offer it to and they would be limited to the number of patients they can enroll. Therefore, the decision was made to reimburse with product.

Q. Can we extend this program to hospitals?

A. This is a very common request. We are exploring this possibility by field testing this program in various institutions. At this time, we do not have all the answers to how this program would be implemented in institutions. As you know, institutional physicians and pharmacists generally do not get involved with reimbursement. They will not know who is reimbursed and who is not. If the physician and/or pharmacist likes the program, they will ask you to speak to reimbursement people. You may then have to track down various Social Workers in all the outpatient clinics and also work the administration office or other billing areas to implement this program. Until we have some more definitive answers, we will only extend it on a pilot basis. If you have a hospital in which you feel you would like to test this program, call Jennifer Ng or Bruce Williams to discuss this possibility.

Q. How can I position this program with Home Health Care Organizations?

A. Certain Home Health Care (HHC) agencies may not find great value in this program initially since many of them have their own professional reimbursement staff. In addition, while they may occasionally accept high reimbursement risk patients as a favor to the physician, they generally do not accept such patients. However, if positioned as a safety net, just in case they are denied reimbursement, they would find value in being assured that they can recoup costs through replacement drug.

Another strategy is to position this program as a service they can in turn extend to physicians. By being assured of replacement product, a Home Health Care agency can now accept a patient without going through a reimbursement check prior. This will result in the patient receiving treatment when needed and not having to wait for an insurer's approval.

Please note that Medicare does not reimburse for PROCRIT administered by home health care agencies. PROCRIT must be procured and administered by the physician.

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STATE	NUMBER OF PATIENT CASES BY STATUS:	
	SUCCESS	WITHDRAWN
AL	10	1
AK	37	1
ALASKA	16	1
AR	61	1
CA	11	1
CO	19	1
DE	10	1
FL	12	1
GA	10	1
HI	10	1
IL	15	1
IN	10	1
IA	10	1
KS	10	1
KY	10	1
LA	10	1
ME	10	1
MD	10	1
MA	10	1
MI	10	1
MO	10	1
NC	10	1
NH	10	1
NJ	10	1
NM	10	1
NV	10	1
NY	10	1
OK	10	1
OR	10	1
PA	10	1
TX	10	1
VA	10	1
WA	10	1
WV	10	1
TOTAL	353	77
		259

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CATHERINE BIOTECH REIMBURSEMENT ASSURANCE PROGRAM

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DRAFT BUDGET REIMBURSEMENT & SUPPORT PROGRAM

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Page 3

THE INFLUENCE OF PREDATOR PRESENCE

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ORTHO BIOTECH REIMBURSEMENT ASSURANCE PROGRAM
01/01/91-08/31/92

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ORTHO 110TECH NEIGHBORHOOD ASSISTANCE PROGRAM
01/01/91-08/31/92

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ORTHO BIOTECH REIMBURSEMENT ASSISTANCE PROGRAM
01/01/91-06/31/92

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ORING BIOCOTECH RETAILER SEGMENT INSURANCE PROGRAM
01/01/91-05/31/92

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ON THE INACCURACY OF THE INVERSE SCHEME PROCEDURE

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REGIONAL TRAINING SESSION

EVALUATION FORM

1) Negotiation Seminar: Rate the Seminar

poor - 1 2 3 4 5 - outstanding

What did you like/learn from the seminar?

Would you recommend the seminar for other Product Specialists?

 YES NO

2) Managed Health Care: Rate the seminar

1 2 3 4 5

Did the seminar address your concerns and questions about Managed Health Care ?

Do you feel more comfortable and confident dealing with Managed Care Accounts? Why or Why not?

What would you like to see more of? (ie. role-playing, etc.)

Please include any suggestions that you feel may make the seminar more helpful?

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3) **Reimbursement Workshop: Rate the Seminar**

1 2 3 4 5

Are you clear about our reimbursement programs and how/where they should be implemented? Why or Why not?

4) **Retail Seminar: Rate the Seminar**

1 2 3 4 5

Did the seminar address your concerns about retail activity? Why or Why not?

Are there any other areas that you want addressed?

5) **Dispensing Physicians: Rate the Seminar**

1 2 3 4 5

Did the seminar address your concerns/questions about the Dispensing Physician? Why or Why not?

Are there areas that you feel should have been emphasized more?

Do you now understand your role in the Oncology office?

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6) Distributors Seminar: Rate the Seminar

1 2 3 4 5

Do you understand your role/job in the wholesaler setting?
Why or Why not?

Are you clear about the different classes of trade and their
impact on your business?

7) Overall:

Since you have been in the territory, what other types of
training would have better prepared you to be a Product
Specialist?

What to you feel you need more of? Less of?

What can the DMS and RTSS do to help facilitate your learning?
(please be honest and specific)

COMMENTS:

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